State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module T

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
NCDHHS is an equal opportunity provider and employer.
Module T – Dementia and Alzheimer’s Disease
Teaching Guide

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

Advance Preparation – In General

• Review curriculum and presentation materials
• Add examples or comments in Notes Section
• Set up computer/projector

Advance Preparation – Teaching Tips – Instructional Resources/Guest Speakers

• **DVD:** Consider procuring the DVD, *Still Alice*, on Alzheimer’s disease. Alice has early-onset Alzheimer’s, a form of the disease that is far rarer and more catastrophic often afflicting victims in their prime (Alice is 50). Watching her lose a word in an early lecture before an audience of her peers, then become completely disoriented during a routine run in the park, is to stumble with her in a journey toward disintegration that is terrifyingly real. The DVD, *Still Alice* can be purchased online.
• **Guest Speaker:** employee from a local Alzheimer’s unit; topic: speak about characteristics and care of residents with Alzheimer’s disease
Module T – Dementia and Alzheimer’s Disease
Definition List

**Activity-based Care** – care focused on assisting resident to find meaning in his or her 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

**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
# Module T – Dementia and Alzheimer’s Disease

## (S-1) Title Slide

## (S-2) Objectives

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

## Content

### Notes

#### (S-3) Dementia
- Usually progressive condition marked by development of multiple cognitive deficits such as memory impairment, aphasia, and inability to plan and initiate complex behavior

#### (S-4) Types of Dementia
- **Alzheimer’s disease** – most common cause of dementia. Thought to be caused by clumps of proteins (referred to as tangles) in the brain
- **Vascular dementia** – can occur 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 bodies** – deposits of protein that develop throughout the brain. These protein deposits damage and kill nerves in the brain over time.
- **Mixed dementia** -

#### (S-5) Alzheimer’s Disease
- Progressive disease
- Gradual decline in memory, thinking and physical ability over several years
- Average life span in 8 years, but survival may be from 3 to 20 years
- Progressive into 7 stages

#### (S-6) Alzheimer’s Disease – Stage 1 – No Impairment
- Alzheimer’s disease is not evident
- No memory problems

#### (S-7) Alzheimer’s Disease – Stage 2 – Very Mild Decline
- Minor memory problems
- Lose things around the house
- Unlikely to be noticed by family members

#### (S-8) Alzheimer’s Disease – 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

#### (S-9) Alzheimer’s Disease – Stage 4 – Moderate Decline
- Difficulty with simple math
- Poor short-term memory (may not recall what they ate for
### Module T – Dementia and Alzheimer’s Disease

<table>
<thead>
<tr>
<th><strong>Inability to manage finances</strong></th>
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<tbody>
<tr>
<td>(S-10) Alzheimer’s Disease – Stage 5 – Moderately Severe Decline</td>
</tr>
<tr>
<td>• Maintain functionality</td>
</tr>
<tr>
<td>• Usually able to bathe and toilet independently</td>
</tr>
<tr>
<td>• Still know their family members</td>
</tr>
<tr>
<td>• Difficulty dressing appropriately</td>
</tr>
<tr>
<td>• Inability to recall simple details, such as their own address or telephone number</td>
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<tr>
<td>• Significant confusion</td>
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<table>
<thead>
<tr>
<th><strong>Need constant supervision, usually require professional care</strong></th>
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</thead>
<tbody>
<tr>
<td>(S-11) Alzheimer’s Disease – Stage 6 – Severe Decline (1)</td>
</tr>
<tr>
<td>• Confusion or unawareness of environment and surroundings</td>
</tr>
<tr>
<td>• Inability to remember most details of personal history</td>
</tr>
<tr>
<td>• Loss of bladder and bowel control</td>
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<table>
<thead>
<tr>
<th><strong>Major personality changes</strong></th>
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<tbody>
<tr>
<td>(S-12) Alzheimer’s Disease – Stage 6 – Severe Decline (2)</td>
</tr>
<tr>
<td>• Possible behavior problems</td>
</tr>
<tr>
<td>• Need assistance with bathing and toileting</td>
</tr>
<tr>
<td>• Wandering</td>
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<table>
<thead>
<tr>
<th><strong>Final stage and nearing death</strong></th>
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</thead>
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<tr>
<td>(S-13) Alzheimer’s Disease – Stage 7 – Very Severe Decline</td>
</tr>
<tr>
<td>• Lose ability to communicate or respond to their environment</td>
</tr>
<tr>
<td>• May be able to utter words or phrases</td>
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<tr>
<td>• No awareness regarding their condition</td>
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<tr>
<td>• Need assistance with all activities of daily living</td>
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<tr>
<td>• May lose their ability to swallow</td>
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<table>
<thead>
<tr>
<th><strong>State of severe sudden confusion that is usually reversible</strong></th>
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<tr>
<td>(S-14) Delirium</td>
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<tr>
<td>• Triggered by acute illness or change in physical condition</td>
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<tr>
<td>• Can be life threatening if not recognized and treated</td>
</tr>
<tr>
<td>• Symptoms of delirium</td>
</tr>
<tr>
<td>o Rapid decline in cognitive function (ability to think)</td>
</tr>
<tr>
<td>o Increased confusion</td>
</tr>
<tr>
<td>o Disorientation to place and time</td>
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<tr>
<td>o Decreased attention span</td>
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<tr>
<td>o Poor short-term memory and immediate recall</td>
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<td>o Poor judgment</td>
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NCDHHS/DHSR/HCPEC/NAT I Curriculum – July 2019
### Module T – Dementia and Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Ongoing Intervention</th>
<th>Action Item</th>
</tr>
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<tbody>
<tr>
<td>Restlessness</td>
<td>Notify nurse and stay with resident</td>
</tr>
<tr>
<td>Altered level of consciousness</td>
<td>Communicating with a resident who is showing signs of delirium</td>
</tr>
<tr>
<td>Suspiciousness</td>
<td>stay calm</td>
</tr>
<tr>
<td>Hallucinations, delusions</td>
<td>Keep voice at a normal volume; do not shout</td>
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<tr>
<td></td>
<td>Use resident’s name</td>
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<td></td>
<td>Speak clearly in simple sentences</td>
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<tr>
<td></td>
<td>Use facial expressions and body language to aid in understanding</td>
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<tr>
<td></td>
<td>Reduce distractions in the environment, such as turning down TV or closing curtains to block bright sunlight</td>
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</tbody>
</table>

#### (S-15) Dementia or Delirium?
- Delirium and dementia are often confused
- Remember, delirium is sudden, severe, and usually reversible; dementia is progressive and irreversible
- A resident who has dementia may experience delirium; immediately report any sudden change in behavior or a sudden increase in behaviors associated with dementia to the nurse – a resident with dementia may be experiencing delirium

#### (S-16) Dementia and Alzheimer’s Disease – Key Terms
- Cognition – ability to think quickly and logically
- Confusion – inability to think clearly, causing disorientation and trouble focusing
- Irreversible – disease or condition that cannot be cured
- Onset – the time when signs and symptoms of a disease begins
- Progressive – the way a disease advances

#### (S-17) Maintenance of Respect, Dignity and Quality of Life
- Dignity – respect and honor
- Independence – ability to make decisions that are consistent, reasonable and organized; having the ability to perform activities of daily living without assistance
- Quality of life – overall enjoyment of life
- Respect – treated with honor, show of appreciation and consideration

#### *(S-18) Maintenance of Respect, Dignity and Quality of Life
- Discuss the importance of each individual in this photo
***(S-19) Maintenance of Respect, Dignity and Quality of Life**
- 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

**(S-20) Maintenance of Respect, Dignity and Quality of Life**
- 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

**(S-21) Maintenance of Respect, Dignity and Quality of Life**
- 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

**(S-22) Maintenance of Respect, Dignity and Quality of Life**
- 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

**(S-23) Maintenance of Respect, Dignity and Quality of Life**
- 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

**(S-24) Dementia and Alzheimer’s Disease – Communication**
- Residents with Alzheimer’s disease 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:
  - 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
  - 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

### (S-25) Communicating with Resident with Dementia and Alzheimer's Disease – Nurse Aide’s Role
- There are several components when assisting resident with communication:
  - Patience with resident
  - Show interest in the subject
  - Offer comfort and reassurance
  - Listen for a response
  - Avoid criticizing or correcting
  - Avoid arguments with resident
  - Offer a guess as to what resident wants
  - Focus on the feelings, not on the truth
  - Limit distractions
  - Encourage non-verbal communication

### (S-26-27) Dementia and Alzheimer’s Disease – Communication Techniques Used by Nurse Aide
- Nurse aide’s method of communicating with the resident with Alzheimer’s disease is as critical as the actual communication.
- Utilizing the following techniques will decrease frustration for both the resident and nurse aide:
  - 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
  - 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
- 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, offer one step at a time; and provide resident time and encouragement to process and respond to requests
- 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

*S*(28-29) Dementia and Alzheimer’s Disease – Communication Strategies Used by Nurse Aide
- Communication strategies to use when communicating with residents that have dementia
  - Listen carefully and encourage them; do not talk down to them, nor talk to others about them as if they were not present
  - Minimize distractions and noise
  - Allow enough time for resident to process and respond; if they have difficulty explaining something, ask them to explain in a different way
  - Monitor body language to ensure a non-threatening posture and maintain eye contact
  - Nonverbal communication is very important to dementia residents
  - Choose simple words and short sentences, and use a calm tone of voice
  - Call the person by name and make sure you have their attention before speaking
  - Keep choices to a minimum in order to reduce resident’s frustration and confusion
  - Include residents in conversations with others
  - Do not make flat contradictions to statements that are not true
  - Change the way responses are made to avoid confusion, frustration, embarrassment, and behavioral outbursts
  - Use of communication devices (such as a picture board, books, or pictures) encourages resident’s independence and decreases frustration

**(S-30) Dementia and Alzheimer’s Disease – Communication Tips by Nurse Aide
- Communication tips to use when caring for resident with Alzheimer’s disease
  - Be calm and supportive
  - Focus on feelings, not facts
  - Pay attention to tone of voice
  - Identify yourself and address the resident by name
- Speak slowly and clearly
- Use short, simple and familiar words, and short sentences
- Ask one question at a time
- Allow enough time for a response
- Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing
- Use nonverbal communication, such as pointing and touching
- Offer assistance as needed
- Have patience, flexibility and understanding

**(S-31) Dementia and Alzheimer’s Disease – Key Words About Behavior Issues**

- Behavior – how a person acts
- Catastrophic reaction – an extreme response
- Delusion – a false belief
- Depression – a loss of interest in usual activities
- Paranoia – an extreme or unusual fear
- 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
- Alzheimer’s disease progresses in stages and so does behavior

**(S-32) Dementia and Alzheimer’s Disease – Behavior Issues**

- Behavior – an observable, recordable, and measurable physical activity
  - People with normal brain function have the ability to control responses
  - People with Alzheimer’s disease and dementia have lost much of this ability

**(S-33) Dementia and Alzheimer’s Disease – Behavior Issues**

- Behavior is a response to a need
  - The resident is frequently unable to express his or her needs because of cognitive losses
  - Nurse aides must be attentive to gestures and clues demonstrated by the resident
  - Every behavior is a response to a need or situation
  - Gestures, sounds, and conversation may reveal trigger to the behavior
  - As verbal skills diminish, behavior becomes the communication method
- Before choosing a specific behavioral intervention, trigger of behavior must be identified
• Triggers may be environmental, physical, or emotional
  o Environmental triggers – rearrangement of furniture, increased number of people in facility, change in daily schedule
  o Physical triggers – new medications, infections, pain
  o Emotional triggers – may include reactions to loss, depression, frustration, self-perception, past life events, personality

*S-34) Dementia and Alzheimer’s Disease – Behavior Issues
• Effective behavior management
  o Identifying trigger
  o Understanding trigger
  o Adapting environment to resolve behavior
• Changing the environment (such as reducing excessive noise and activity) or providing comfort measures (such as rest or pain medication) may reduce behavior
• Intervention must meet needs of resident while maintaining respect, dignity and independence
• Successful behavioral interventions
  o Preserve resident’s dignity
  o Helps staff gain confidence, improve morale, and increase job satisfaction
• Behavior control also assists in reducing use of restraints, decreases abuse and neglect, and increases family satisfaction

(S-35) Dementia and Alzheimer’s Disease – Behavior Issues
• Common behaviors
  o Wandering
  o Sundowning
  o Depression
  o Disorientation to person, place, and/or time
  o Inappropriate sexual behavior
  o Emotional outbursts
  o Combativeness (hostility or tendency to fight)
  o Inappropriate toileting (use of inappropriate areas for toileting, such as a plant)
  o Easy frustration
  o Repetitive speech or actions
  o Swearing, insulting, or tactless speech
  o Shadowing (following others)
  o Withdrawal
  o Hoarding (hiding objects or food)
  o Sleep disturbances
  o Paranoia and suspiciousness
  o Delusions and/or hallucinations
  o Decreased awareness of personal safety
  o Catastrophic reactions (extreme emotional responses
such as yelling, crying, or striking out that seem out of proportion to the actual event)

<table>
<thead>
<tr>
<th>(S-36) Wandering</th>
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<tbody>
<tr>
<td><strong>Wandering</strong> is a known and persistent problem behavior that has a high risk factor for resident safety</td>
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<tr>
<td><strong>Safety risk factors may include</strong></td>
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<tr>
<td>o Falls</td>
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<tr>
<td>o Elopement</td>
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<tr>
<td>o Risk of physical attack by other residents who may feel threatened or irritated by the activity</td>
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<tr>
<td><strong>Residents wander for several reasons and may include</strong></td>
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<tr>
<td>o Trying to fulfill a past duty, such as going to work</td>
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<tr>
<td>o Feeling restless</td>
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<tr>
<td>o Experiencing difficulty locating their room, bathroom or dining room</td>
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<tr>
<td>o Reacting to a new or changed environment</td>
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<tr>
<td><strong>Preservation of resident safety is the main objective when caring for the wandering resident and interventions include</strong></td>
</tr>
<tr>
<td>o Establish a regular route</td>
</tr>
<tr>
<td>o Provide rest areas</td>
</tr>
<tr>
<td>o Accompany the resident</td>
</tr>
<tr>
<td>o Provide food and fluid</td>
</tr>
<tr>
<td>o Redirect attention to other activities or objects</td>
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<tr>
<td>o Determine if behavior is due to environmental stress</td>
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<thead>
<tr>
<th>(S-37) Sundowning</th>
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<tr>
<td><strong>Sundowning</strong> is behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening</td>
</tr>
<tr>
<td><strong>Interventions</strong></td>
</tr>
<tr>
<td>o Encourage rest times</td>
</tr>
<tr>
<td>o Plan bulk of activities for the morning hours</td>
</tr>
<tr>
<td>o Perform quieter, less energetic activities during the afternoon</td>
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<tr>
<th>(S-38) Sexual Activity</th>
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<tr>
<td><strong>Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior</strong></td>
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<tr>
<td><strong>Interventions</strong></td>
</tr>
<tr>
<td>o Treat the resident with dignity and respect</td>
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<tr>
<td>o Remove resident from public situation</td>
</tr>
<tr>
<td>o Redirect attention to an appropriate activity</td>
</tr>
<tr>
<td>o Assist the resident to bathroom</td>
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<tr>
<th>(S-39) Dementia and Alzheimer’s Disease – Agitation</th>
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<tr>
<td><strong>Agitation occurs for a variety of reasons</strong></td>
</tr>
<tr>
<td><strong>Nurse aides must ensure safety and dignity of agitated</strong></td>
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resident while protecting safety and dignity of other residents
- **Interventions**
  - Do not crowd the resident; allow them room to move around while still providing for safety
  - Ask permission to approach or touch them
  - Maintain a normal, calm voice
- **Interventions**
  - Slow down and do not rush the resident
  - Limit stimulation in the resident’s area
  - Avoid confrontations and force
  - Avoid sudden movements outside of the resident’s field of vision

### (S-40) Dementia and Alzheimer’s Disease – Disruptive Verbal Outbursts
- 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
  - Negative remarks to other residents or staff (including racial slurs)
  - Talking to self
- Anger and aggression are often the visible symptoms of anxiety and fear.
- **Interventions**
  - Reassure residents that they are safe
  - Redirect their attention to an activity
  - Assist residents with toileting, feeding or fluids
  - Move residents to a quiet area
- Notify nurse immediately of aggressive behaviors that may threaten other residents and/or staff and stay with the resident

### (S-41) Dementia and Alzheimer’s Disease – Catastrophic Reaction
- 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
  - Increased agitation
  - Increased restlessness
- Outburst of anger (physical or verbal)
**Dementia and Alzheimer’s Disease – Catastrophic Reaction**

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<tr>
<th>Interventions include</th>
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<tbody>
<tr>
<td>- Speak softly and gently in calm voice</td>
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<tr>
<td>- Protect resident, self, and others as necessary</td>
</tr>
<tr>
<td>- Remove the person from a stressful situation</td>
</tr>
<tr>
<td>- Avoid arguing with the resident</td>
</tr>
<tr>
<td>- Avoid the use of restraints</td>
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<tr>
<td>- Redirect the resident’s attention</td>
</tr>
<tr>
<td>- Change activities if the activity is causing the reaction</td>
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**Dementia and Alzheimer’s Disease – Catastrophic Reaction**

<table>
<thead>
<tr>
<th>Interventions that should not be used include</th>
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<tbody>
<tr>
<td>- Arguing with resident or other staff members</td>
</tr>
<tr>
<td>- Speaking loudly to resident or other staff members</td>
</tr>
<tr>
<td>- Treating resident like a child</td>
</tr>
<tr>
<td>- Asking complicated questions</td>
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<tr>
<td>- Using force or commanding resident to do something</td>
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**Dementia and Alzheimer’s Disease – Catastrophic Reaction**

<table>
<thead>
<tr>
<th>Caregiver behaviors that should be encouraged and used to decrease or prevent use of restraints</th>
</tr>
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<tbody>
<tr>
<td>- Maintaining calm and non-controlling attitude</td>
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<tr>
<td>- Speaking softly and calmly</td>
</tr>
<tr>
<td>- Asking one question at a time and waiting patiently for the answer</td>
</tr>
<tr>
<td>- Using simple, one step commands, and positive phrases</td>
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<tr>
<td>- Avoiding crowding resident with more people than needed for the task</td>
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<tr>
<td>- Providing a distraction, such as an activity or music</td>
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**Dementia and Alzheimer’s Disease – Activities**

| 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 |

**Dementia and Alzheimer’s Disease – Activities**

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<thead>
<tr>
<th>Activities fall into two categories</th>
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<tbody>
<tr>
<td>- Doing activities – keep the person busy</td>
</tr>
<tr>
<td>- Meaningful activities – have value to the resident with dementia</td>
</tr>
<tr>
<td>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</td>
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**Dementia and Alzheimer’s Disease – Activities**

<table>
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<tr>
<th>Principles of activity-based care</th>
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<tr>
<td>- Focuses on giving caregivers the tools to create</td>
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</table>
chances for residents with dementia to be successful in activities and their relations with other people
  o Uses any daily activity that can be broken down into individual, sequential steps
  o Works within remaining abilities or strengths of the resident with Alzheimer’s disease, helping to shift emphasis away from resident’s disabilities and impairments
  o Adjusts an activity based on resident’s ability level
  o Depends on caregiver’s interest and desire to create opportunities for successful interactions that are planned and guided to encourage resident’s full involvement
  o Rewards the resident’s attempts at participating in activities and provides them with a sense of being capable and alive

(S-48) Dementia and Alzheimer’s Disease – Activities
• Timing of activities is important and individualized
  o 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
• Cultural environment refers to values and beliefs of people in an area
  o Staff, residents, families, visitors and volunteers determine culture of the facility
  o Promotion of positive environment begins with inclusion of the residents and making them feel important to relationships and activities

TEACHING TIP: DVD

Show DVD, Still Alice, if available.

TEACHING TIP: Guest Speaker
An employee from a local Alzheimer’s unit

(S-49) Dementia and Alzheimer’s Disease – 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
• Because of this, nurse aides that deal with Alzheimer’s or dementia residents must take additional precautions to ensure they do not over-react or react negatively to resident behaviors
• Regardless of the cause, nurse aides must take necessary steps to ensure that they do not react inappropriately to resident behavior
• Frustration can lead to
  o Negative, harsh or mean-spirited statements made to staff or residents
  o Physical abuse of residents
  o Emotional abuse of residents
  o Verbal abuse of residents
  o Neglect of residents

• Nurse aides must always remember that statements and behaviors of residents suffering from Alzheimer's or dementia are beyond control of the resident and not personally directed toward nurse aide

• Usual profile of employee who is subject to burnout
  o Takes work personally and seriously
  o Works over at end of a shift
  o Works extra shifts
  o Takes on extra projects
  o Very high or unrealistic expectations
  o Perfectionist attitude

• Signs of staff burnout include
  o No longer enjoying work
  o Irritable with residents and co-workers
  o Fear of failure, inadequacy, job loss and obligation to supervisor, co-workers, family
  o Feelings of being overwhelmed
  o Viewing work as a chore
  o Frequent complaints of illness

• Strategies to use to assist in preventing burnout include
  o Maintain good physical and mental health
  o Get adequate amounts of sleep on off days and before each shift
  o Remain active within family and community
  o Maintain a separation between work and personal relationships
  o Maintain a sense of humor