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

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	

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lunch) • Inability to manage finances	
(S-10) Alzheimer's Disease – 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	
(S-11) Alzheimer's Disease – 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	
(S-12) Alzheimer's Disease – Stage 6 – Severe Decline (2) • Major personality changes • Possible behavior problems • Need assistance with bathing and toileting • Wandering	
(S-13) Alzheimer's Disease – 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 or phrases • No awareness regarding their condition • Need assistance with all activities of daily living • May lose their ability to swallow	
(S-14) Delirium • State of severe sudden confusion that is usually reversible • Triggered by acute illness or change in physical condition • Can be life threatening if not recognized and treated • Symptoms of delirium o Rapid decline in cognitive function (ability to think) o Increased confusion o Disorientation to place and time o Decreased attention span o Poor short-term memory and immediate recall o Poor judgment	

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o Restlessness o Altered level of consciousness o Suspiciousness o Hallucinations, delusions • Notify nurse and stay with resident • Communicating with a resident who is showing signs of delirium o Stay calm o Keep voice at a normal volume; do not shout o Use resident's name o Speak clearly in simple sentences o Use facial expressions and body language to aid in understanding o Reduce distractions in the environment, such as turning down TV or closing curtains to block bright sunlight	
(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 o Ethnic group membership (race, nationality, religion) o Cultural or social practices o Environmental influences, such as where and how they were raised as children o Career choices o Family life o 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 o Inability to recognize a word, phrase o Inability to name objects o Using a general term instead of specific word o Getting stuck on ideas or words and repeating them over and over o Easily losing a train of thought o Using inappropriate, silly, rude, insulting or disrespectful language during conversation o Increasingly poor written word comprehension o Gradual loss of writing ability o Combining languages or return to native language o Decreasing level of speech and use of select words, which may also cause the use of nonsense syllables o 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 o Patience with resident o Show interest in the subject o Offer comfort and reassurance o Listen for a response o Avoid criticizing or correcting o Avoid arguments with resident o Offer a guess as to what resident wants o Focus on the feelings, not on the truth o Limit distractions o 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 o Obtain resident's attention before speaking and maintain attention while speaking o Address resident by name, approach slowly from front or side and get on same level or height as resident o Set a good tone by using calm, gentle, low-pitched tone of voice o If conversation is interrupted or nurse aide or resident leaves room, start over from beginning o Slow down, do not act rushed or impatient o If information needs to be repeated, do so using same words and phrases as before	

o Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations o 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 o Use nonverbal cues, such as touching, pointing or starting the task for resident o 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 o Listen carefully and encourage them; do not talk down to them, nor talk to others about them as if they were not present o Minimize distractions and noise o Allow enough time for resident to process and respond; if they have difficulty explaining something, ask them to explain in a different way o Monitor body language to ensure a non-threatening posture and maintain eye contact o Nonverbal communication is very important to dementia residents o Choose simple words and short sentences, and use a calm tone of voice o Call the person by name and make sure you have their attention before speaking o Keep choices to a minimum in order to reduce resident's frustration and confusion o Include residents in conversations with others o Do not make flat contradictions to statements that are not true o Change the way responses are made to avoid confusion, frustration, embarrassment, and behavioral outbursts o 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 o Be calm and supportive o Focus on feelings, not facts o Pay attention to tone of voice o Identify yourself and address the resident by name	

o Speak slowly and clearly o Use short, simple and familiar words, and short sentences o Ask one question at a time o Allow enough time for a response o Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing o Use nonverbal communication, such as pointing and touching o Offer assistance as needed o 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 o People with normal brain function have the ability to control responses o 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 o The resident is frequently unable to express his or her needs because of cognitive losses o Nurse aides must be attentive to gestures and clues demonstrated by the resident o Every behavior is a response to a need or situation o Gestures, sounds, and conversation may reveal trigger to the behavior o 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)	
(S-36) Wandering • Wandering is a known and persistent problem behavior that has a high risk factor for resident safety • Safety risk factors may include o Falls o Elopement o Risk of physical attack by other residents who may feel threatened or irritated by the activity • Residents wander for several reasons and may include o Trying to fulfill a past duty, such as going to work o Feeling restless o Experiencing difficulty locating their room, bathroom or dining room o Reacting to a new or changed environment • Preservation of resident safety is the main objective when caring for the wandering resident and interventions include o Establish a regular route o Provide rest areas o Accompany the resident o Provide food and fluid o Redirect attention to other activities or objects o Determine if behavior is due to environmental stress	
(S-37) Sundowning • Sundowning is behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening • Interventions o Encourage rest times o Plan bulk of activities for the morning hours o Perform quieter, less energetic activities during the afternoon	
(S-38) Sexual Activity • Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior • Interventions o Treat the resident with dignity and respect o Remove resident from public situation o Redirect attention to an appropriate activity o Assist the resident to bathroom	
(S-39) Dementia and Alzheimer's Disease – Agitation • 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 • Interventions o Do not crowd the resident; allow them room to move around while still providing for safety o Ask permission to approach or touch them o Maintain a normal, calm voice • Interventions o Slow down and do not rush the resident o Limit stimulation in the resident's area o Avoid confrontations and force o 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: o Screaming o Swearing o Crying o Shouting o Loud requests for attention o Negative remarks to other residents or staff (including racial slurs) o Talking to self • Anger and aggression are often the visible symptoms of anxiety and fear. • Interventions o Reassure residents that they are safe o Redirect their attention to an activity o Assist residents with toileting, feeding or fluids o 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 o Sudden mood changes o Sudden, uncontrolled crying o Increased agitation o Increased restlessness • Outburst of anger (physical or verbal)	

(S-42) Dementia and Alzheimer's Disease – Catastrophic Reaction • Interventions include o Speak softly and gently in calm voice o Protect resident, self, and others as necessary o Remove the person from a stressful situation o Avoid arguing with the resident o Avoid the use of restraints o Redirect the resident's attention o Change activities if the activity is causing the reaction	
(S-43) Dementia and Alzheimer's Disease – Catastrophic Reaction • Interventions that should not be used include o Arguing with resident or other staff members o Speaking loudly to resident or other staff members o Treating resident like a child o Asking complicated questions o Using force or commanding resident to do something	
(S-44) Dementia and Alzheimer's Disease – Catastrophic Reaction • Caregiver behaviors that should be encouraged and used to decrease or prevent use of restraints o Maintaining calm and non-controlling attitude o Speaking softly and calmly o Asking one question at a time and waiting patiently for the answer o Using simple, one step commands, and positive phrases o Avoiding crowding resident with more people than needed for the task o Providing a distraction, such as an activity or music	
(S-45) 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	
(S-46) Dementia and Alzheimer's Disease – Activities • Activities fall into two categories o Doing activities – keep the person busy o 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	
(S-47) Dementia and Alzheimer's Disease – Activities • Principles of activity-based care o Focuses on giving caregivers the tools to create	

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	