

**NC Department of Health and Human Services**

# **NC Nurse Aide I Curriculum**

## **Module T**

### **Dementia and Alzheimer's Disease**

**July 2019**

# 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.**

# Dementia

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

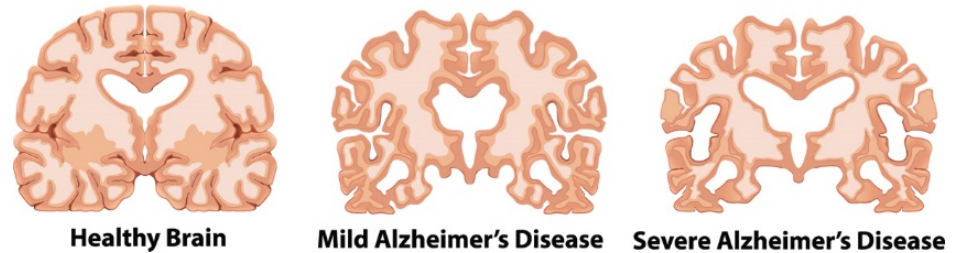
# Types of Dementia

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

# 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**

Progression of Alzheimer's Disease



# Stage 1 – No Impairment

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

## **Stage 2 – Very Mild Decline**

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

## 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**



## Stage 4 – Moderate Decline

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

## **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**

## **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**

## **Stage 6 – Severe Decline (2)**

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

## **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**

# 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**

# Dementia or Delirium?

## Dementia?



## Delirium?



# Dementia and Alzheimer's Disease – Key Terms

- **Cognition**
- **Confusion**
- **Irreversible**
- **Onset**
- **Progressive**



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

- **Dignity**
- **Independence**
- **Quality of life**
- **Respect**

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

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



## **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**

# 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**

# 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**

## **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**

## **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**

# 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?**



# 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**

# 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

# 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**

# Communicating – Nurse Aide’s Role (4)

## Communication Strategies

- 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

## Communication Strategies

- 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 voice

# Communicating – Nurse Aide’s Role (5)

## Communication Strategies

- 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

## Communication Strategies

- 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) to decrease resident’s frustration

# Communicating – Nurse Aide’s Role (6)

## Communication Tips

- Be calm and supportive
- Focus on feelings, not facts
- Pay attention to tone of voice
- Identify yourself and address the resident
- Speak slowly and clearly
- Use short, simple and familiar words, and short sentences

## Communication Tips

- 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

# **Dementia and Alzheimer's Disease – Behavior Issues (1)**

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

# **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**
- **Behavior is a response to a need**



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

- **Before choosing a specific intervention, trigger must be identified**
- **Triggers may be environmental, physical, or emotional**
- **Effective behavior management**
- **Changing the environment**
- **Intervention must meet needs while maintaining respect, dignity and independence**

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

- **Identifying trigger**
- **Understanding trigger**
- **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**

# **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)**

# **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**

# **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**

# **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**

# 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**



# **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**



# **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**

# **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**

# **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**

# **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**

# 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**

## 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**

# 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**

# 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**



# 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**

