Alzheimer’s Disease/Dementia Care Challenges

6 hour CEU/CE Course
Objectives

The main topics that will be covered include, but are not limited to:

- Assessing your residents
- Providing care to the residents
- Managing behaviors
- Making eating a pleasurable experience
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Facts and statistics*

- As many as **5.4 million people** in the United States are living with Alzheimer’s and there are more than 35 million people around the world with Alzheimer’s or other types of dementia.
- Approximately **200,000 age less than 65 years of age**.
- Every **68 seconds**, someone develops Alzheimer’s.
- Alzheimer's is the **sixth-leading cause of death** and fifth leading cause of death in Americans age 65+ years

*According to the 2012 Alzheimer’s Disease Facts and Figures produced by the Alzheimer’s Association.*
Facts and statistics*

By 2050, there is expected to be one new case of AD every 33 seconds, or nearly a million new cases per year, and AD prevalence is projected to be 11 million to 16 million.
Facts and statistics*

- The direct and indirect costs of Alzheimer's and other dementias to Medicare, Medicaid and businesses amount to more than $200 billion last year.

- Barring a medical breakthrough, the World Alzheimer Report projects dementia will nearly double every 20 years. By 2050, it will affect nearly 115.4 million people worldwide!

Let’s test your knowledge…..

Q: It’s a good idea to rearrange your resident’s dressers and drawers because it helps stimulate their brain and learn.

a. True
b. False
Let’s test your knowledge…..

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b. False
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Q: During an episode of agitation, choose three things you can do that might help:

a. argue
b. offer choices between two options
c. restrain
d. say “I’m sorry you’re upset”
e. make calm, positive statements
f. enter into “their world”
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Let’s test your knowledge…..

Q: When a resident exhibits a difficult behavior, the first thing you should do is look for the:

a. nurse  
b. family member  
c. reason  
d. supervisor
Let’s test your knowledge…..

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Let’s test your knowledge…..

Q: Residents with AD never hide something in the same place twice.

a. True  
b. False
Let’s test your knowledge…..

Q: Residents with AD never hide something in the same place twice.

a. True

b. False
Let’s test your knowledge…..

Q: When feeding a resident with AD, it’s important to have all of their food, including dessert, in front of them at one time.

a. True

b. False
Let’s test your knowledge…..

Q: When feeding a resident with AD, it’s important to have all of their food, including dessert, in front of them at one time.

a. True
b. False
REGULATIONS REVIEW
DSS Regulations

Per the Evaluator’s Manual, Section 87705:

The licensee must meet the requirements in Title 22, Section 87705, Care of Persons with Dementia, *for any resident diagnosed by a physician as having dementia*, regardless of whether it is a primary or secondary diagnosis.
DSS Regulations (cont’d)

In addition to the requirements in Title 22, Section 87705, licensees who advertise, promote or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall also meet the specified requirements in Title 22, Section 87706 (Advertising Dementia Special Care, Programming, and Environments) and Section 87707 (Training Requirements if Advertising Dementia Special Care, Programming, and Environments).
A licensee does not have to have a special dementia program or environment, such as a memory unit or dementia wing, in order to accept or retain residents diagnosed with dementia.

Some facilities do not have special units, and persons diagnosed with dementia live with other residents in the general community.

The licensee must be able to meet the resident’s needs and comply with regulatory requirements when caring for persons with dementia.
DSS Regulations (cont’d)

Meeting residents’ needs may include:

- annual appraisals;
- physical plant enhancements like delayed egress; and
- locked perimeters and auditory alarms if wandering or other behaviors are exhibited.
Emergency Disaster Plan:

You must address how you will safely evacuate and care for your dementia residents.

This plan is particularly important in facilities using delayed egress devices, locked perimeter fence gates or locked exterior doors.
DSS Regulations (cont’d)

Training!
Reassessments!
Staffing!

If a resident is awake during night time hours, appropriate activities shall be available to meet the specific needs of the resident.

Safety!

Residents who are determined to be unable to manage their own personal grooming/hygiene items should not have access to the grooming items of other residents.
Dementia Care Facilities:

*Direct care staff training requirements:*

1. **6** hours of orientation specific to care of residents with dementia within first **4** weeks of employment.
2. Up to **2** of these hours can include mentoring and hands-on training from a qualified staff member.
3. **8** hours of in-service training within **12** months of employment and each additional **12-month** period.
Dementia Care Facilities:

*Direct care staff training requirements:*

Minimum 2 of the following training topics to be covered annually, and all topics covered within a 3-year period:

1. Effects of medication on the behavior of residents with dementia;
2. Common problems, such as wandering;
3. Positive therapeutic interventions and activities
4. Communication skills
5. Promoting resident dignity, privacy, etc.
ASSESSING YOUR RESIDENTS
Assessments

What should be part of an appraisal?

1. Will this resident fit in with your other residents?
2. Do they have any prohibited or restricted condition?
3. Do they have a modified diet or other need that I can meet?
4. Can they transfer from the bed to their wheelchair? Can they walk?
5. Do they have a history of wandering?
Assessments (cont’d)

What should be part of an appraisal?

6. Do I have precautions in place if they DO wander?
7. Do I have a realistic elopement plan and enough staff?
8. Do you have a non-amb room/apartment available?
9. Do you have 24-hour awake staff?
Assessments (cont’d)

If you are lucky enough to assess them at their house, check for:

- Smells
- Empty alcohol bottles
- Hoarding issues
- Medication bottles
Assessments (cont’d)

Tools to use:

- Interview all persons involved in their care
- Personal interview of the prospective resident
- Physician’s Report
- Preplacement Appraisal
Assessments – Questions to Ask

1. Does the prospective resident understand that placement is under consideration?
2. Is this placement related to a crisis or near crisis?
3. Is this placement perceived by the prospective resident as temporary or permanent?
Assessments – Questions to Ask

4. Is this the first placement outside of the home for the prospective resident?

5. Will the prospective resident be able to tour the Community prior to placement?

6. Is the family involved, and what family is involved, in the placement?
Assessments – Questions to Ask

7. Does the family have a clear vision of expected care?
8. Is the family united on the placement decision?
9. What are some of the motivating factors prompting placement?
10. Has the family explored other options of care (i.e., in-home)?
Assessments – Questions to Ask

11. Is the family ready to relinquish care to a facility?
12. If the placement is in a semi-private room, has the resident ever shared a room?
13. Is this roommate a good fit?
14. Is there a pet involved?
Assessments – Questions to Ask

15. Does the senior/family understand and agree to the House Rules?
16. Have they been told about restricted and prohibited conditions?
17. How does the family describe the prospective resident’s medical problems, other than the cognitive impairment?
Assessments – Questions to Ask

18. Does the resident require a special diet? Can you accommodate it?
19. How often does the resident usually see their physician? How will they get there?
20. What disturbs the resident most about the dementia?
21. What disturbs the family the most?
22. Explain a typical day for the senior (i.e., hobbies, waking and eating times)
23. What common phrases or words does the resident use for the following activities?
   - Using the toilet
   - Bowel movement
   - Urination
   - Common adjective when something is great
PROVIDING CARE FOR YOUR RESIDENTS
Imagine traveling to a foreign land where you:

- do not speak the language;
- other people do not understand what you are saying to them; and
- do not understand what people are saying to you!
Caregiving (cont’d)

How would you feel?

This might be how a resident with AD feels!
General tips for assisting with ADL’s
Important Keys

1. Keep a routine.
2. Don’t rush the resident.
3. Encourage independence.
4. Maintain the resident’s dignity.
5. Be flexible.
6. Be patient.
7. Have a sense of humor.
Caregiving (cont’d)

Communicating with the residents:

1. Yes and no questions.
2. Simple statements with short words and sentences.
3. Repeat commands, if necessary.
4. Speak slowly and in a low voice.
5. Avoid slang (“jump” into the bath)
7. Get rid of distracting background noises.
Caregiving (cont’d)

Encourage independence:

- Encourage the resident to button up their own shirt;
- Offer 2 choices when possible; and
- Ask for their assistance when providing care
Caregiving (cont’d)

Promote the individuality of each person:

- Offer them their favorite food or snack;
- Find out about their past likes and dislikes and incorporate them into their daily routine;
- Provide care for them when they like it rather when you like it; and
- Invite them to help you in a task they like to do, like setting the table or arranging flowers.
Caregiving (cont’d)

Maintaining the resident’s dignity:

- Call them by the name they want, never sweetie, honey or dear;
- Never talk about the resident in third person or when the resident is near you; and
- Maintain their privacy when helping them with ADL’s.
Caregiving (cont’d)

When you are caring for AD residents…

😊 any small gesture on your part can really brighten a resident’s day, such as a compliment or a hug!
😊 remember your non-verbal gestures.
😊 do things WITH the residents, not FOR.
Tasks

It’s important to break tasks down into easier, smaller steps.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Present the step in a way that matches the resident’s abilities.</td>
<td>Mrs. Smith can brush her teeth by herself once I get her started.</td>
</tr>
<tr>
<td>2</td>
<td>Demonstrate the step.</td>
<td>Use gestures to show her how to brush her teeth.</td>
</tr>
<tr>
<td>3</td>
<td>Help begin the step.</td>
<td>Put toothpaste on the toothbrush while she holds it, then bring toothbrush to her mouth.</td>
</tr>
<tr>
<td>4</td>
<td>Give the resident time to finish each step.</td>
<td>Give her time to finish.</td>
</tr>
<tr>
<td>5</td>
<td>Praise the resident for completing each step.</td>
<td>Tell her how great she’s doing.</td>
</tr>
<tr>
<td>6</td>
<td>Repeat steps 1-5 if needed.</td>
<td></td>
</tr>
</tbody>
</table>
Completing Tasks

Sometimes **slower** is better; when you rush the resident, they may get nervous and agitated. Residents need time to process your requests. Work at their pace.
BATHING
Bathing the AD Resident

For some residents, this may be a frightening and confusing experience. There are ways to make this experience easier and more enjoyable for the resident.
General bathing suggestions

- Maintain a routine, same time and if possible, same caregiver.
- Find out what type of bath/shower routine the resident used to have:
  - In the morning or evening?
  - Bath or shower?
  - Warm vs. hot water?
- Do not ask if the resident wants a bath.
- Try to use the resident’s preferred shampoo/ soap.
- Maintain the resident’s dignity and privacy at all times.
- Be sensitive to the fact that it is not normal to take a bath with another person.
Resistance
Issue: Refusing to take a bath

Possible causes:
- Embarrassment
- Lack of privacy
- Inappropriate water and/or air temperature
- Lack of routine
- Mistrust of caregiver
- Caregiver approach (too aggressive)
- Fear of running water, depth of water
- Too much explanation/preparation
- Being rushed
Resistance
Issue: Will not take off clothing

Possible causes:

- Room temperature too cold
- Privacy issues
- Being rushed
- Not liking the caregiver
- Forgot how to
Resistance

Issue: Thinks already bathed

Possible causes:

- Lack of routine
- Time of day
- Different caregiver
- Unable to perceive the need for a bath (poor sense of smell, vision)
DRESSING
Helping the resident dress

- Lay out the resident’s clothing.
- Don’t rush them – try to let them do as much as they can.
- Ensure privacy.
- Let them choose the clothing, if appropriate.
- Choose items that fit well and that aren’t uncomfortable.
- Ensure that they are wearing proper footwear.
- Label drawers and closets with items enclosed.
Resistance
Issue: Dressing

Issue/concern:
- Layering of clothing
- Disrobing
- Wrong seasonal clothing
- Refusing to remove clothes
- Mismatching
- Wearing clothing inside out or backwards
- Wearing the same clothes every day
- Unable to dress and undress self
Resistance
Issue: Dressing (cont’d)

Suggestions:

- Do not argue with the resident. Do not force them and do not rush them.
- If their choices are not hurting themselves or offending anyone else, don’t worry about it.
- Look into the possibility of providing clothing that is easier to get in and out of independently.
- Allow the resident to be as independent as long as possible.
- Label drawers and closets with items enclosed.
Resistance
Issue: Dressing (cont’d)

Possible causes:
- Room temperature too hot/cold
- Fear of losing clothes or having clothes stolen
- Lack of privacy
- Too many clothing choices available
- Inability to make decisions
- Clothes too tight, uncomfortable
- Needing to go to the bathroom
- Lack of routine
- Wet or soiled from incontinence
Resistance
Issue: Dressing (cont’d)

Possible causes:

- Loss of judgment concerning season
- Fear of bathing
- Embarrassment
- Forgot how to dress
- Distracted by other people, activity or noises
- Does not recognize the clothing as their own
- Unable to follow directions
Helping the resident with grooming

- Hair – keep hair in an easy-to-care for style.
- Washing hair in the sink may be easier than in the shower.
- Electric razors may be easier than razors.
- Teeth – encourage min. 2 x day tooth brushing. Try cueing.
- Women may still want to use lipstick or powder.
- File but do not trim nails only if safe.
Oral Care

1. Wear gloves
2. Brush the resident’s teeth at least twice a day, or as needed, with a soft toothbrush
3. Be on the look out for loose teeth, bleeding gums, sores
4. Dentures must be removed and cleaned at night or when desired
5. Provide privacy
Oral Care (cont’d)

6. Some residents with Alzheimer’s do not swallow well so make sure you clear the resident’s mouth of any remaining food and rinse after every meal.

7. Find a dentist that could do house calls, if necessary
TRANSFERRING
Transferring Techniques

1. Invite a Physical Therapist in for staff training.
2. Use proper body mechanics.
3. Move at the resident’s pace, not yours.
4. Using assistive devices, such as gait belts – make sure staff is properly trained!
5. If a resident is a 2 person assist, will you always have 2 staff on?
INCONTINENCE CARE
Toileting the AD Resident

- Keep bathroom doors open when not in use to cue resident.
- Keep the resident on a schedule.
- Look for cues that the resident needs to go to the bathroom.
- Limit caffeine.
- Make sure the resident’s clothing is comfortable and easy to manage.
Issue/concern: Having “accidents”

Possible causes:
- Unable to recognize sensation
- Can’t find the bathroom
- Clothes too difficult to remove
- Lack of routine
- Too much caffeine in diet
- Visual problems
- Chronic illness (prostate problems)
- Unfamiliar caregiver causing anxiety
Issue/concern:
Going to the bathroom in inappropriate places

Possible causes:
- Can’t get to the bathroom in time
- Can’t find the bathroom
- Visual issues
- Poor lighting
- Shower chairs feel like a toilet
- Running water may trigger urination
- Not on a toileting routine
Maintaining the Resident’s Dignity

- Close the door when the resident is bathing or toileting.
- Do not talk about the resident in front of other residents.
- Do not criticize the resident if they’ve had an accident.
- Let them do as much as possible for themselves.
BEHAVIORS
Behavior

First and foremost, every behavior has a reason. It may not be apparent, but it is important to determine what is causing the behavior.

Please, do not label the residents as difficult, etc. They are not doing it on purpose.
Why?

- New surroundings or a change in current surroundings (i.e., rearranging their furniture)
- Paging system (the voice from nowhere!)
- New or unfamiliar caregivers
- Separation from loved ones
- Colors and patterns on walls and furniture
- Isolation
- Too much activity – sensory overload!!!
Why?

- Lighting (too bright, shadows)
- TV or radio left on all day long
- “White” noise (i.e., refrigerator)
- Room temperature (too hot, removes clothes; too cold, gets into bed with another resident)
- Shiny floors
- “Bugs” on the walls
- Approach of the caregiver
Aggressive and Agitated Behavior

Common reasons:

Unmet needs such as hunger, or having to go to the bathroom
Pain
Loneliness
Frustration
Rejection
A perceived threat
Over-stimulation
Agitated Behavior

- Frowning
- Speaking loudly
- Rattling door knobs
- Acting hostile
- Shaking his/her fists
- Speaking quickly
- Being unable to relax

- Pacing
- Waving his/her arms
- Wringing hands
- Backing away from others
- Elopement
- Refusing to do a task
Aggressive Behavior

**Physical**
- Biting
- Hitting
- Kicking
- Punching
- Pushing
- Slapping

**Verbal**
- Cursing
- Threatening
- Screaming
- Name-calling
Behavior History

Ask the family if the resident ever exhibited the following behaviors:

- Crying
- Cheeking Food
- Pacing
- Hoarding
- Anorexia
- Rummaging
Behavior History (cont’d)

Also ask the family:

- When the resident refuses or does not wish to allow care, what approach has been most successful? Least successful?

- Does the resident traditionally had a problem with certain caregivers (i.e., male)?
Behaviors

What do I do if a resident is being aggressive?

1. **Back off.**
2. Is the resident acting this way because they’re in pain? If so, **deal with it.**
3. Do not take the resident’s anger personally.
4. Do not argue with the resident.
5. Talk in a soft, low voice; do not yell back.
6. Reduce stimulation (TV, etc.).
7. Try to redirect the resident, if possible.
8. If the person is a biter, try to wear padded clothing.
9. If a resident throws things, give them soft items to throw.
10. If the resident throws eating utensils, try giving them finger food.
11. If a resident self-injures, try putting gloves on them or dress them in clothing that covers their skin.
12. Place your body in a safe position if your resident hits or kicks – do not stand directly in front of them.
Hallucinations, Delusions and Paranoia

Hallucinations — seeing, hearing or smelling things that aren’t really there.

Delusions — an illusion that the resident has that is inconsistent with their knowledge or beliefs.

Paranoia — Suspicious thinking
Coping with these behaviors

- Don’t use a paging system!
- Keep familiar objects around.
- Change the environment (their room) as little as possible.
- Try to clean their apartment when they’re not there.
- Do not try to argue or reason with the resident.
- Try to find a caregiver that the resident is comfortable with and have that caregiver work with them.
Hiding and blaming

- Resident hides something

- Resident can’t remember where they hid it

- Resident blames someone

- Help them “find” it

Assisted Living Education
Hiding and blaming (cont’d)

1. You probably can’t ask the resident where they hid the object.
2. Keep their apartment clean and orderly.
3. Limit the number of hiding places by locking some closets or rooms.
4. Take away valuable items – give to appropriate family member.
5. Make small, easily lost items more visible (i.e., large key ring)
Hiding and blaming (cont’d)

6. Keep a spare set of keys, hearing aids, eyeglasses, if possible.
7. Check wastebaskets before emptying them.
8. Check under mattresses.
9. Check in shoes.
10. Ask the family where they used to hide gifts, etc.
11. Possibly use a audible key finder, etc.
Hiding and blaming (cont’d)

12. Keep the resident’s closet open so they can see things in plain view – this may decrease their need to “search.”

13. Don’t leave things lying around – put them away.

14. Give them a “rummage” drawer.

15. You can try putting a sign that says “NO” on drawers, etc.
Hoarding

It is believed that dementia residents who grew up in the Great Depression hide and hoard items.

Other reasons might be boredom, a history of collecting things, or a need to “hold on” to something to “keep it safe.”

When cleaning the resident’s room, you may want to return the items at that time.
When residents “lose” things, they often rummage through other residents’ rooms. They may think that it is their room if the rooms look similar.

Lock doors and closets, if necessary.

You can also install child-proof locks on drawers.

Label items, if appropriate.
Rummaging (cont’d)

If rummaging isn’t hurting anyone, it might be alright to ignore it. Just be aware of regular “hiding” and “retrieving” spots.
Repetition

This might be one of the hardest things caregivers have to deal with – the constant, never-ending, repetitive questions. The resident is unable to remember that they asked the question.....so they’ll ask it again. Try to redirect the resident, or pay more attention to them. Remember – they’re not doing this to drive you crazy!
Biting

- Try giving the resident gum or candy, if it’s safe.
- Provide textures and touch for stimulation
- Place a towel over the staff member’s shoulder to prevent biting during transfer.
- Have a staff member wear heavy jackets during activities such as transfers.
Pinching, Grabbing and Scratching

- Determine the cause of the grabbing (for example, fear of falling or desire to keep someone with the person); try to meet the need calmly.
- Give the person something soft to hold onto (a rolled up washcloth, stuffed animal, etc.)
- Keep the resident’s fingernails short.
Throwing

- Determine what throwing may have for the resident (i.e., anger, part of a sport or recreation).
- Play catch with a safe foam ball or beach ball.
- If utensils or plates are thrown at mealtimes, use finger foods.
Hitting

- Be sure that your staff know how to prevent aggression and how to manage potentially dangerous situations.
- Use sudden distraction, like loud calling of the resident’s name or clapping, when the person is about to strike out.
- Separate individuals who bring out negative behaviors in each other.
Hitting (cont’d)

- Try one-on-one activities if the individual does poorly in a group.
- Remove the person from high-activity areas.
- Try playing calming music with a tape recorder or personal headset.
- Teach your staff how to properly approach the residents.
Yelling

- Be sure that the resident has been adequately evaluated or treated for pain. Yelling may be their only way to let you know they’re in pain!
- Move the resident to a quieter place.
- Ask why the resident is yelling.
- Are they being ignored by the staff? Threatened?
Wandering

Many AD residents will want to wander. It’s extremely important that the resident does not wander outside unattended.
Issue – why is the resident wandering?

Possible causes:

- The resident wants to go “home.”
- The resident is looking for something or someone.
- The resident is bored, hungry, thirsty, etc.
- Cueing toward door, open door.
- Agitated due to physical pain, illness.
- They have to go to work, school, etc.
Wandering suggestions

✓ Have an elopement plan and train staff!
✓ Develop safe wandering paths inside and outside the facility.
✓ Put items that remind them to go outside out of sight (coats, umbrellas)
✓ Minimize staff, family, etc. comings and goings.
✓ Take the resident for regular walks.
✓ Make the doors as “unnoticeable” as possible.
✓ Keep the resident busy in activities.
Redirecting a resident that wants to go “home”

- Make the resident’s room as familiar as you can with their familiar furniture, pictures, bedding, knick-knacks.
- Keep the surroundings as calm and familiar as possible.
- Maintain a routine.
- Get the resident involved in an activity.
- Ask a family member to visit or call.
- Distract the resident with food, music.
- Take the resident for a walk.
### Redirecting a resident that wants to go “home” (cont’d)

<table>
<thead>
<tr>
<th>Step</th>
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<th>Example</th>
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| 1    | Join the resident as they wander outside, making sure you don’t go too far from the facility. | Caregiver: “Mrs. Smith, do you mind if I go with you?”  
Mrs. Smith: “All right, but I’m in a hurry.” |
| 2    | Ask the resident where they are going. | Caregiver: “Where are you headed to, Mrs. Smith?”  
Mrs. Smith: “I’ve got to catch the train to Irvine – don’t try to stop me!” |
Redirecting a resident that wants to go “home” (cont’d)

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<tr>
<td>3</td>
<td>Begin a conversation with the resident.</td>
<td>Caregiver: “So, Mrs. Smith, do you have family in Irvine?” Mrs. Smith: “Yes, my mother-in-law lives there and I have to go see her.” Caregiver: “Really? What’s she like?”</td>
</tr>
<tr>
<td>4</td>
<td>Change the topic of conversation and start redirecting the resident.</td>
<td>Caregiver: “Mrs. Smith, I think they’re starting bingo right now and you love bingo, don’t you?”</td>
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## Redirecting a resident that wants to go “home” (cont’d)

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<tr>
<td>5</td>
<td>Redirect the resident back</td>
<td>Caregiver: “Mrs. Smith, let’s walk back in to the facility – bingo is</td>
</tr>
<tr>
<td></td>
<td>into the facility.</td>
<td>starting now. I will sit and play, too! Doesn’t that sound fun?”</td>
</tr>
<tr>
<td>6</td>
<td>Resistance.</td>
<td>Repeat steps 3-5.</td>
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Wandering

**Safe wandering benefits:**

- increased appetite
- activity
- exercise
- improved circulation
- improved mobility
What is your facility’s elopement policy?
Catastrophic Reactions

A resident may get so overwhelmed by a task that they outright refuse to complete the task and become overly upset.

Often, a catastrophic reaction does not look like a behavior caused by a brain illness – it may look as if the person is just being obstinate, critical or overemotional.
Catastrophic Reactions (cont’d)

Often, catastrophic reactions are the first behaviors family members will notice – and they will begin to sense that something is wrong with the resident.

First, they must accept that the person with dementia can’t help this behavior – they are not just stubbornness or nastiness.
Catastrophic Reactions (cont’d)

The best way to manage a catastrophic reaction is to stop it before it happens. Triggers vary from person to person and from one time or another, but some of the causes could include:

- needing to think about several things at once (for example, all the tasks involved in bathing);
- trying to do something that the person can no longer manage;
- being cared for by someone who is rushed or upset;
Catastrophic Reactions (cont’d)

- not wanting to appear inadequate or unable to do things;
- being hurried;
- not understanding what they were asked to do;
- not understanding what they saw or heard;
- being tired or hungry;
- not feeling well;
- not being able to communicate their needs;
- feeling frustrated; and
- being treated like a child.
Catastrophic Reactions (cont’d)

Avoiding reactions:

1. familiar routines
2. familiar faces
3. breaking down a task into easy steps – one at a time
4. patience
Catastrophic Reactions (cont’d)

Let the resident do for him/herself until he/she shows the *first signs* of frustration, then assist him/her *before* he/she becomes more upset. Urging them on will usually only upset him/her more.
Catastrophic Reactions (cont’d)

Gently holding a person’s hand or patting them might help calm them down, but the person may feel that you are restraining them and become more upset.

Physically restraining someone often adds to their panic.
Catastrophic Reactions (cont’d)

- When a resident becomes agitated, immediately stop whatever is upsetting them and let them relax.

- Do not continue to push them.

- They may become agitated enough to become combative.
Sexuality and the AD resident

Yes, this is going to happen. Yes, the family members might be upset.

This is a difficult situation – you are responsible for the safety and security of each resident, but you don’t want to violate the resident’s rights.
Sexuality issues

Possible issues:

- Saying “inappropriate” things
- Doing “inappropriate” things
- Touching staff or residents
- Undressing
Possible causes:

- Caregiver reminds them of their past
- Approach of caregiver misinterpreted
- Loneliness, needs affection and attention
- Hot, or clothes are uncomfortable
- Brain damage causing poor judgment
- Past personality trait
- Lack of privacy
- Needs to go to the bathroom
General suggestions about sexuality

- Do not respond with shock or shame the person.
- Provide appropriate affection and attention.
- Not all behaviors are sexual in nature – an “exposer” may need to go to the bathroom or the resident who climbs into bed with another resident may be cold.
- Distract the resident with food or an activity.
- Alert the caregivers about what things might trigger this behavior.
- Discuss this with the family members.
General suggestions about sexuality (cont’d)

- Resident may be undressing themselves because they’re too hot or uncomfortable.
- They may touch themselves because they have to go to the bathroom, they’ve had an accident, they have a UTI and are in pain, or they have a rash.
- Residents may touch other people to be flirtatious.
Sundowning

As many as 20% of residents with AD are more agitated, confused or restless in the late afternoon or early evening. The cause isn't known, but factors that may aggravate late-day confusion include:

- Fatigue
- Low lighting
- Increased shadows
Sundowning

Per the Alzheimer’s Association, factors that may contribute to sundowning and sleep disturbances include:

- End-of-day exhaustion (both mental and physical)

- An upset in the "internal body clock," causing a biological mix-up between day and night

- Reduced lighting and increased shadows causing people with Alzheimer's to misinterpret what they see, and become confused and afraid
Sundowning

Per the Alzheimer’s Association, factors that may contribute to sundowning and sleep disturbances include:

- Reactions to nonverbal cues of frustration from caregivers who are exhausted from their day
- Disorientation due to the inability to separate dreams from reality when sleeping
- Less need for sleep, which is common among older adults
Plan for activities and exposure to light during the day to encourage nighttime sleepiness.
Leave lights on and shut out the darkness by closing blinds or shades.
Encourage naps during this time.
Shift changes – keep distractions to a minimum. Residents may want to leave with them to “check on their children.”
Keep the resident well hydrated throughout the day.
Sundowning Issues

- Maintain a schedule.
- Avoid stimulants and big dinners.
- Keep a night light on to reduce agitation that occurs when surroundings are dark or unfamiliar.
- Try to identify triggers (i.e., loud TV)
Sleep Issues

- Many people with AD are restless at night.
- They may get up to go to the bathroom and then become lost, confused and disoriented.
- They may see things or hear things that aren’t there.
Sleep Issues (cont’d)

Possible solutions:

• Decrease the resident’s napping during the day
• Exercise them more frequently
• Check their medication
• Toileting them right before they go to bed
• Installing a nightlight in their room
• Make sure their bed and pajamas are comfortable
• Check the temperature in the room
• Redirect them back to bed when wandering
Sleep Issues (cont’d)

The use of sedatives may lead to:

- increased falls
- confusion
- dizziness
- daytime sleepiness
- physical dependence
Sleep Issues (cont’d)

Non-drug treatments for sleep issues:

- Maintain regular times for meals and for going to bed and getting up
- Seek morning sunlight exposure
- Encourage regular daily exercise, but no later than four hours before bedtime
- Avoid alcohol, caffeine and nicotine
- Treat any pain
Sleep Issues (cont’d)

Non-drug treatments for sleep issues (cont’d):

- If the person is taking a cholinesterase inhibitor (i.e., donepezil) avoid giving the medicine before bed
- Make sure the bedroom temperature is comfortable
- Provide nightlights and security objects
- If the person awakens, discourage staying in bed while awake; use the bed only for sleep
- Discourage watching television during periods of wakefulness
ACTIVITIES
Your Residents

It’s very important for you and your team to know the history of each resident. This includes:

- past profession
- likes and dislikes
- hobbies and interests
- socialization needs
Activity Program

- Keep activities between 30-45 minutes
- Try to have at least one scheduled activity after dinner
- Outdoor time (walks, etc.)
- Exercise/physical fitness
- Small group activities
- Birthday and anniversary parties
- Gender specific activities
- Support group meetings
- Snacks
- Use of volunteers
Low functioning activities

- Folding laundry
- Sorting socks
- Setting the table
- Washing dishes
- Cooking/baking class
- Chair exercise
- Stretching
- Sing-a-long’s
- Watching TV
- Listening to music
High functioning activities

- Outdoor walks
- Exercise
- Current events
- Reminiscence
- Creative activities such as painting, poetry, building things, story-telling
- Gardening
- Hallway bowling, kicking the balloon
Activities to Avoid

A. Leaving the TV on all day
B. Playing the radio all day
C. Noisy, confusing activities
D. Activities that last more than 45 minutes
E. Physically demanding activities
F. Things that require memory
G. Childish activities
H. Bad news or sad news
CARING FOR THE CAREGIVER
Caring for the Caregivers

Anyone who has provided care to an AD resident knows it’s hard work – both physically and mentally. You may develop an emotional attachment to the resident, like a family member. This can lead to added stress in caring for the resident.

You need to develop a routine of self-care.
Self-Care

- I eat healthy, balanced meals.
- I don’t come to work sick.
- I exercise and get fresh air.
- I have hobbies.
- I enjoy music or reading.
- I know how to deal with stress.
- I know when to ask for help.
- I share my feeling when I feel angry, frustrated, over-whelmed, etc.
- I have friends and/or family that I can rely on.
- I participate in all training my company offers.
Making Dining a Positive Experience

Speaker: Pam Cameron
Objectives

1. Explain why the dining experience is so important to the resident’s well-being
2. Proper food choices for residents with AD
3. Proper food presentation (i.e., one course at a time)
4. Eating tips and techniques
5. Meeting resistance
6. Hydration and dehydration issues
7. Choking risks
Delighting your Customer!

Yes, dining plays a extremely important role in how happy our residents are.

But do you know how much?

A positive or a negative dining experience can affect their physical, social and emotional well-being!
Delighting your Customer!

First, let’s brainstorm to determine what creates a positive dining experience for our residents with AD…….
Delighting your Customer!

Did your list include:

Serving the resident their preferred foods?
An appropriate variety of foods?
The appearance and how it was presented?
Did the resident enjoy the food?
Licensing Requirements

Regulations state that we must serve the residents “an appropriate variety of foods and shall be planned with consideration for cultural and religious background and the food habits of the residents.”

- What is appropriate for our residents with AD?
- How do we find out what they like?
Dining Together

The Social Aspect of Meals

Cultural Considerations
Dining Together (cont’d)

- Styles of Service (family style, etc.)
- The role of our senses
  - Decreased senses – taste, smell
- Balanced diets
- Limiting saturated fats, sodium and sweets
- Managing costs
Dining

So.....what should we feed our residents with AD?
Food Choices for Residents with AD

- Small, “finger foods”
- Not too many items on the plate
- Peas, small bits of food are hard to scoop up
- Rough textured food, like toast, that stimulates the person’s tongue and encourages chewing
- Mashed or pureed fruits or vegetables
- Scrambled eggs, puddings, chicken fingers
- Sandwiches into quarters
- Use bendable straws
- Residents with AD love sweets!
Food Choices to Avoid

- Hard candy
- Taffy
- Hot dogs
- Nuts
- Crunchy foods like chips or crackers
- Peanut butter
- Gum
- Grapes or cherries
- Thin liquids if given too rapidly
Helping the Resident Eat

Things that might cause problems with eating:

- Not enough light, or glare
- Noise and distractions
- Too many choices
- Unpleasant smells
- Unappetizing food
- Anxiety over being rushed
Helping the Resident Eat (Cont’d)

Personal conditions that may disrupt eating:

- Mouth discomfort
- Side effects of medication
- Inability to recognize hunger
- Constipation
- Agitation
- Forgetting how to eat or use utensils
Eating Tips & Techniques

1. Eating with one or two other people in a quiet room.
2. Restless residents should be encouraged to eat with other residents and have frequent nutritious snacks.
3. Sleepy residents should also be encouraged to eat with other, interactive residents.
   1. Do not try to serve a resident that is too sleepy – they may choke.
Eating Tips & Techniques (cont’d)

4. Do not use plastic utensils but you can use a plastic tablecloth or placemats.
5. Use a placemat that is a different color than the plate.
6. Avoid glass if the resident has difficulty seeing it.
7. Make sure the resident’s dentures are in place and they fit properly.
8. Keep food simple!
9. Offer one choice at a time.
10. Play soft, relaxing music at mealtime.
11. Encourage the serving of “finger foods.”
10. Pay attention to your residents; do not socialize with other staff during mealtimes.
11. Allow residents to feed themselves as much as they can.
12. Resident food likes/dislikes
13. Pay attention to food temperature.
14. NO alcohol!
15. Remove condiments (salt, pepper, etc.) from the table if the resident is confused by them.
16. If the resident is confused by too many silverware choices, only give them one.
Eating Tips & Techniques (cont’d)

Do not have on the table:

- items that look like food, but are not (i.e., fake fruit)
- salt, pepper, hot sauce, vinegar
- plants
Food Presentation

- Serve meals on colorful dishes with contrasting colors since Alzheimer's patients can't always differentiate between a piece of white chicken on a white plate.

- Opt for red or green plates where food becomes easily visible.
Food Presentation

NO!
Eating Challenges

Someone with Alzheimer's can have mood and behavioral changes that impact on their ability to take a good balanced diet.

They may be highly distractible, talkative, apathetic, anxious, agitated or display wandering behavior that will all inhibit their ability to eat.
Resistance
Issue: Refusing to eat

Possible causes:

- Unpleasant presentation of food
- Too many choices
- Noise and confusion in dining room, smells
- Approach of caregiver
- Dry mouth from medications
- Pain from dentures or teeth issues
- Inability to recognize sensation of hunger
- Fear of poisoning (distrust of caregiver)
What to try

- Give them foods that they like!
- Try sweet foods, like fruit or applesauce
- Keep noise and activities to a minimum
- Check for chewing problems
- Keep a routine
- Find that favorite caregiver to assist
- Encourage physical activity
- Consult their physician
Resistance
Issue: Eating all the time

Possible causes:

- Short-term memory loss
- Lack of routine
- Burning calories from pacing, agitation
- Boredom
- Former smoker
What to try

• Feed them more frequently (try 5-6 meals each day), and smaller amounts at each meal
• Keep a routine
• Give them something to drink
• Have low calorie snacks available, such as apples and carrots
• Consider whether other activities such as walks, or increased social contacts may help
Resistance

Issue: Unable to sit still

Possible causes:

- Short attention span
- Foods presented in complicated way
- Agitation from confusing environment
- Inactivity during non-meal times
What to try

- Give the resident “to-go” foods (small pieces of sandwiches, etc.)
- Make the dining room as inviting as possible
- Play their favorite music
- Have a caregiver sit with them
Resistance

Issue: Difficulty eating and swallowing

Possible causes:

- Brain damage from the disease
- Need for cues or modeling
- Mouth discomfort
- Dry mouth from medications
- Throat infection
- Inappropriate sizes/texture/form of food
What to try

• Check medications for side effects
• Schedule a dental exam
• Offer soft foods or small bites one at a time
• Cut food into small pieces or chop/grind
• Moisten foods with gravy or sauce
• Provide hydration
• Serve liquids with a straw
• Have a caregiver sit with the resident and cue them
Resistance

Issue: Eating inappropriate things

Possible causes:

- Inappropriate things on dining table
- Things that look edible, like wax fruit
- Smells good
- Poor lighting
- Diminishing eyesight
What to try

• Never put inedible items, like pine cones, on the dining table
• Supervise the residents while eating
• Ensure there is adequate lighting
• Serve familiar food

NO!
Resistance
Issue: Forgetting they just ate

Possible causes:
- Memory loss from brain damage
- Lack of routine
- Craving other foods/sweets
- An activity cues the person to eat
- Time change (daylight savings)
- Boredom
- Confusion other symptoms, like dehydration, with hunger
What to try

• Maintain a routine
• Involve them in an activity
• Provide high-calorie foods or large portions (if they are still hungry)….or
• Provide smaller meals more often
• Keep them hydrated – offer a beverage
Resistance

Issue: Forgetting that they haven’t eaten

Possible causes:

- Time change (if it’s dark, they must have eaten)
- Change in routine
- Constipation
- Unable to recognize hunger
- Actually have been eating/snacking all day
Resistance

Issue: Weight loss, even with eating

Possible causes:
- Pacing/agitation
- Inappropriate diet
- Physical problem (unable to absorb nutrients)
- Acute illness/disease (cancer)
What to try

• This could indicate a serious illness or disease – schedule a doctor’s appointment
• If the doctor prescribes a nutritional supplement, serve it to the resident as directed. Do NOT do this without a doctor’s order.
• Provide higher calorie meals or more frequent meals
Dehydration

- Dehydration is a serious, sometimes fatal condition.
- Dehydration = not enough body fluids and important blood salts in the body to carry on normal functions at the best level.
- Dehydration occurs with a loss of fluids, not drinking enough water, or a combination of both.
Thirst is the first warning sign that we should drink, but some of our residents can’t recognize that sign.

A healthy adult should drink at least six 8-ounce glasses of water each day.

If urine is pale in color and occurring every 2-3 hours, then they’re drinking enough water.
Dehydration (cont’d)

Common reasons why people don’t drink enough fluids:

1. not provided to them
2. lack of thirst
3. don’t like to go to the bathroom
Dehydration (cont’d)

Try to pay attention to what residents drink and how much they urinate, especially residents with AD or dementia.

Dehydration can be extremely dangerous in the elder population and must be addressed immediately.
Dehydration (cont’d)

Mild dehydration:
- Thirst
- Dry lips and tongue
- Skin looks dry

Moderate dehydration:
- Skin not very elastic, may sag and doesn’t bounce back quickly when lightly pinched and released
- Decreased urine output
- Sunken eyes
Dehydration (cont’d)

Severe dehydration:

- small amounts of dark colored urine
- low blood pressure, dizziness
- rapid breathing
- blue lips
- rapid, weak pulse over 100 (at rest)
- cold hands or feet
- confusion, lack of interest
- shock
Dehydration (cont’d)

Tips to encourage fluid intake:

1. Keep fluids within resident’s reach.
2. Offer a variety of fluids to avoid monotony.
3. Offer small amounts often.
4. Offer foods with a high water content.
5. Serve fluids at proper temperature.
Choking Risks

A resident might not be able to display that they are choking. Look for:

- Inability to talk
- Confusion and anxiety
- Difficulty breathing or noisy breathing
- Skin, lips and nails turning blue
Choking Risks (cont’d)

- If a resident has trouble swallowing, make sure they are sitting up straight with their head slightly forward – never tilted back – when they eat.

- Some liquids are much easier to swallow than others.
  - If your resident is choking on fluids like water, try a thicker liquid, like apricot or tomato juice.
Challenges with Eating

In the final stages of Alzheimer's disease many people having difficulty:

- opening their mouths
- chewing food
- swallowing
Conclusion

Assisted Living Education thanks you for attending this Conference.

We look forward to seeing you again at another of our Courses!