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.

Wandering

Many AD residents will want to wander. It is **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)

Step	Description	Example
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)

Step	Description	Example
3	Begin a conversation with the resident.	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?"
4	Change the topic of conversation and start redirecting the resident.	Caregiver: "Mrs. Smith, I think they're starting bingo right now and you love bingo, don't you?"

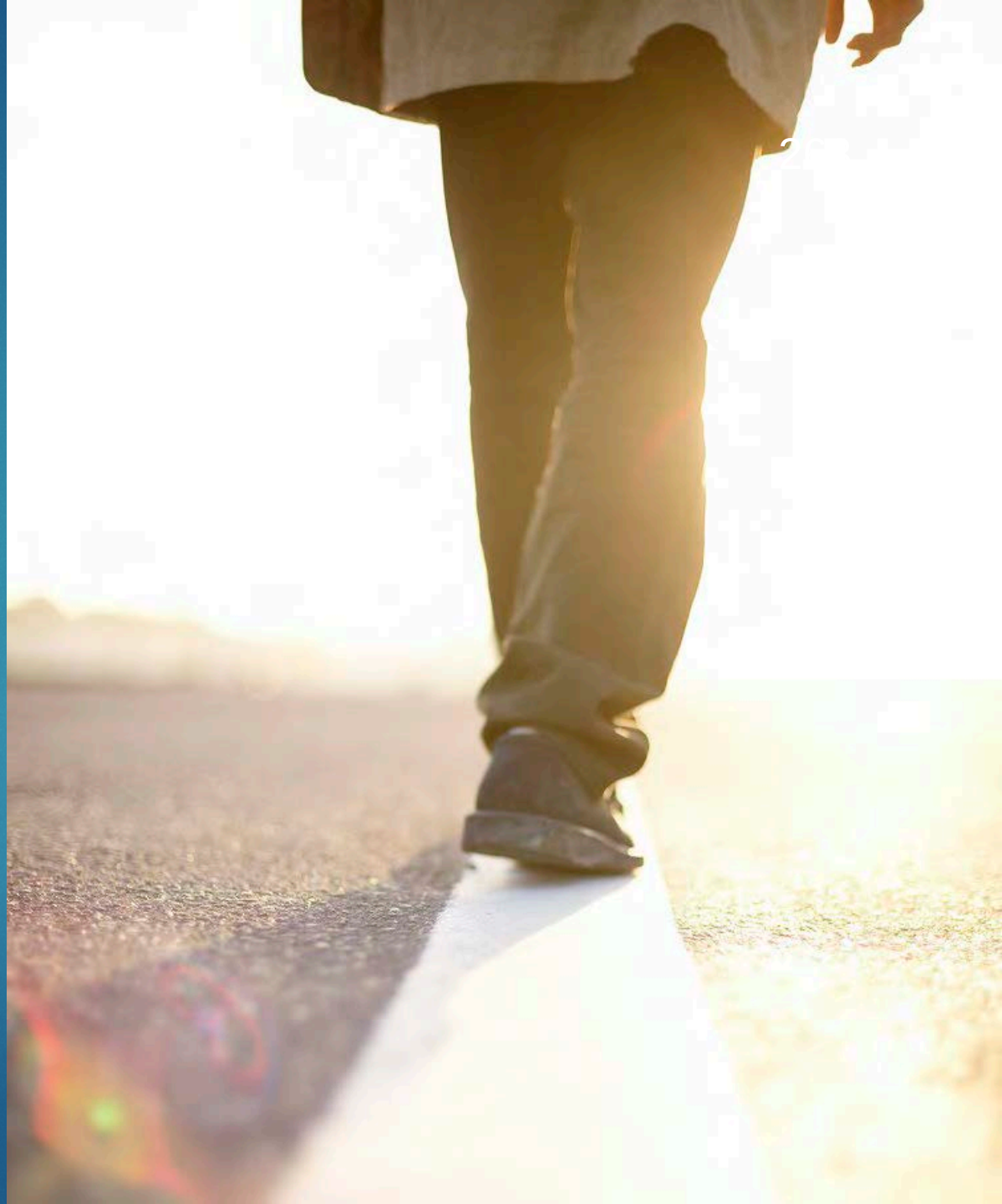
Redirecting a resident that wants to go "home" (cont'd)

Step	Description	Example
5	Redirect the resident back into the facility.	Caregiver: "Mrs. Smith, let's walk back in to the facility – bingo is starting now. I will sit and play, too! Doesn't that sound fun?"
6	Resistance.	Repeat steps 3-5.

Wandering

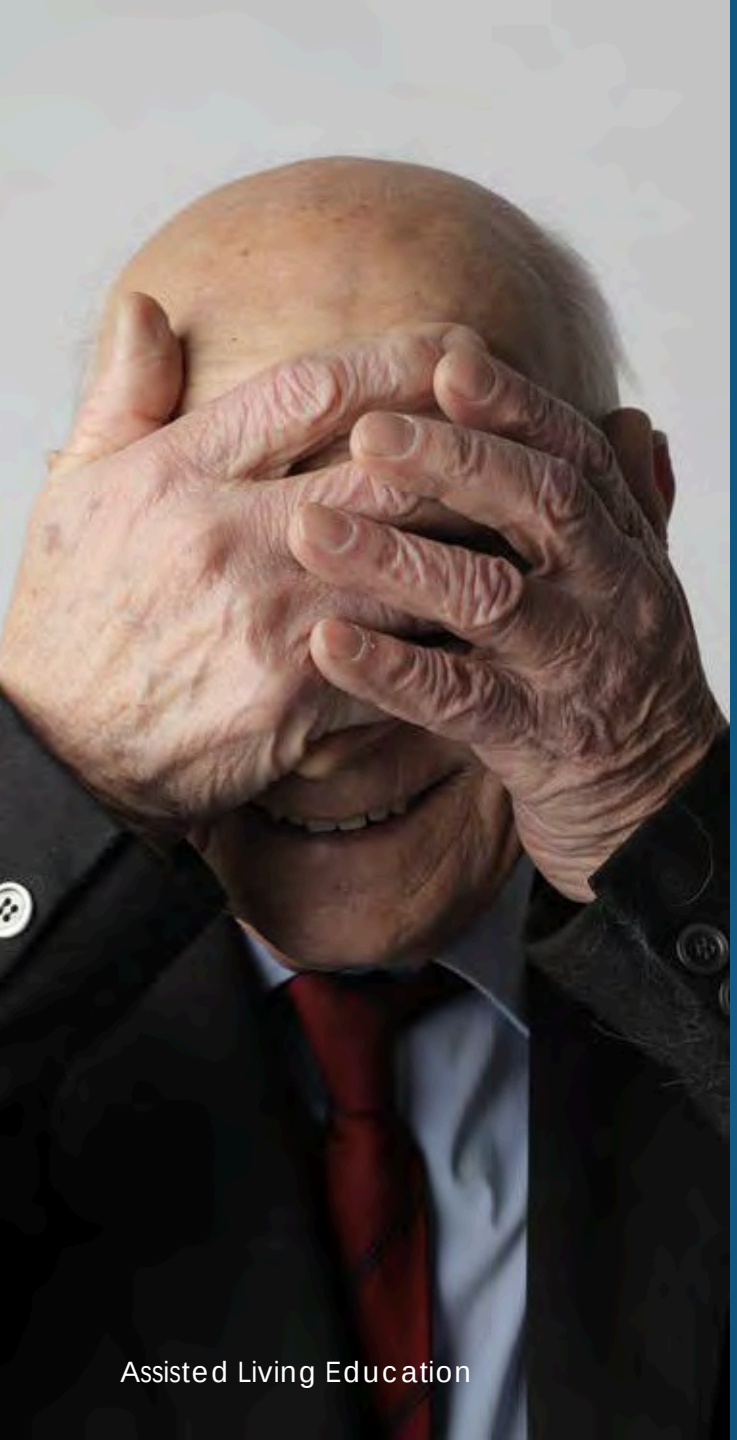
Safe wandering benefits:

- increased appetite
- activity
- exercise
- improved circulation
- improved mobility



What is your facility's elopement policy?

Group discussion

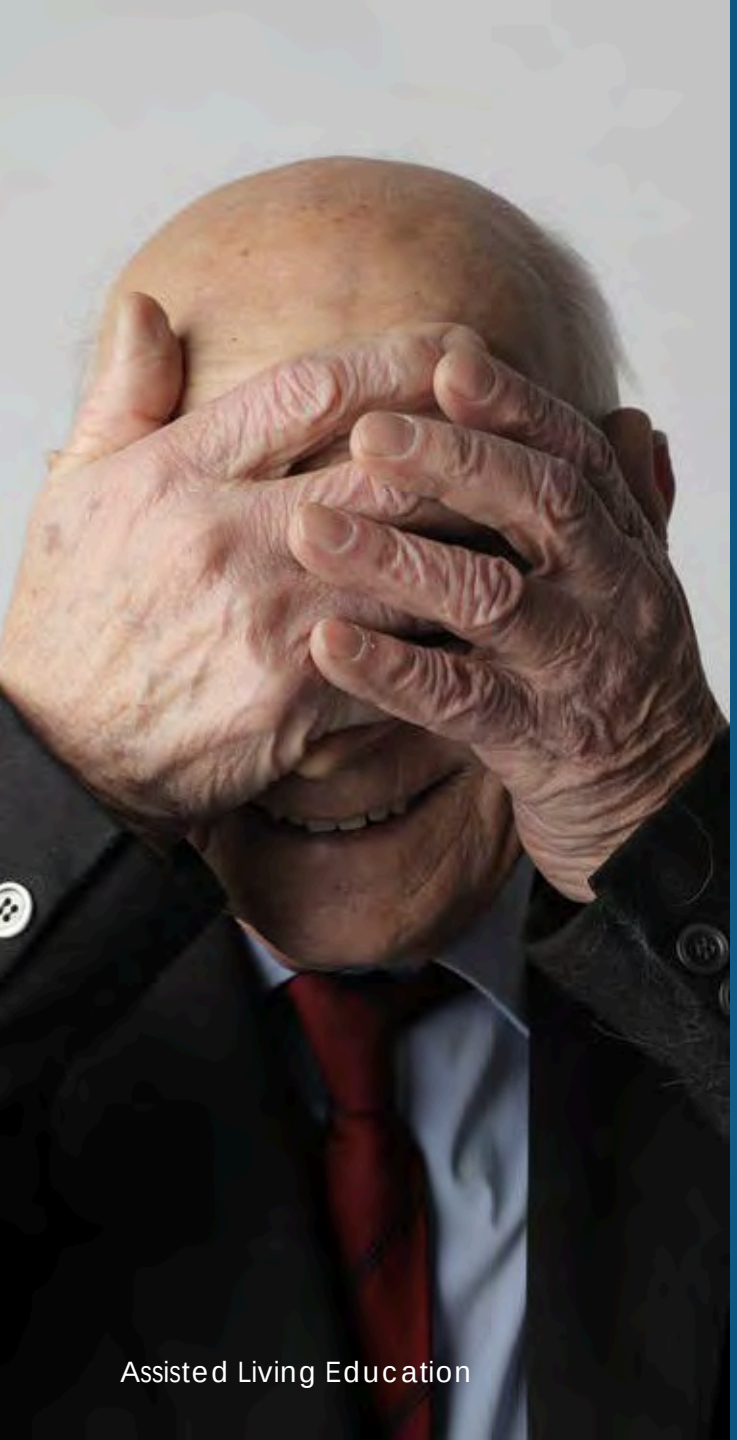


Catastrophic Reactions*

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.

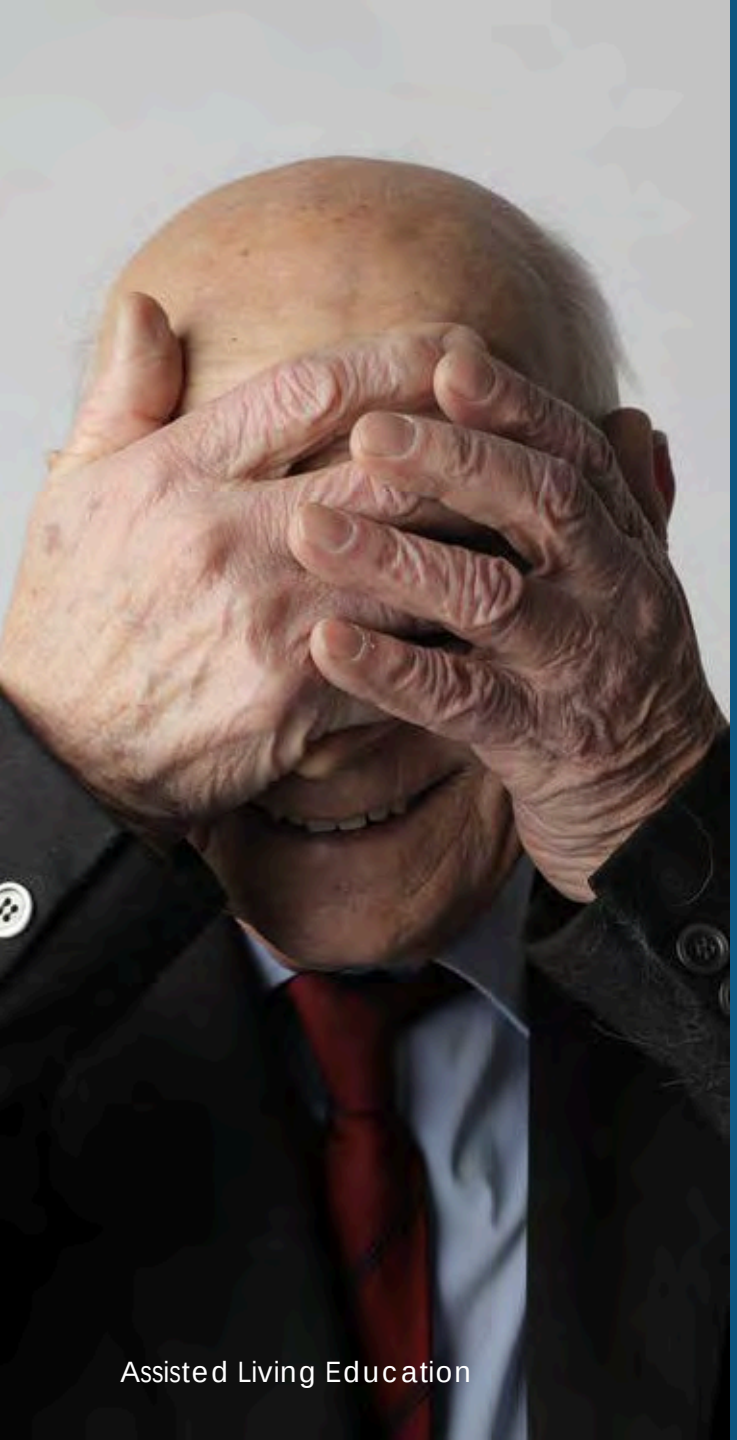
*Source: https://www.homewatchcaregivers.com/dementia/symptoms/catastrophic-reactions/



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.

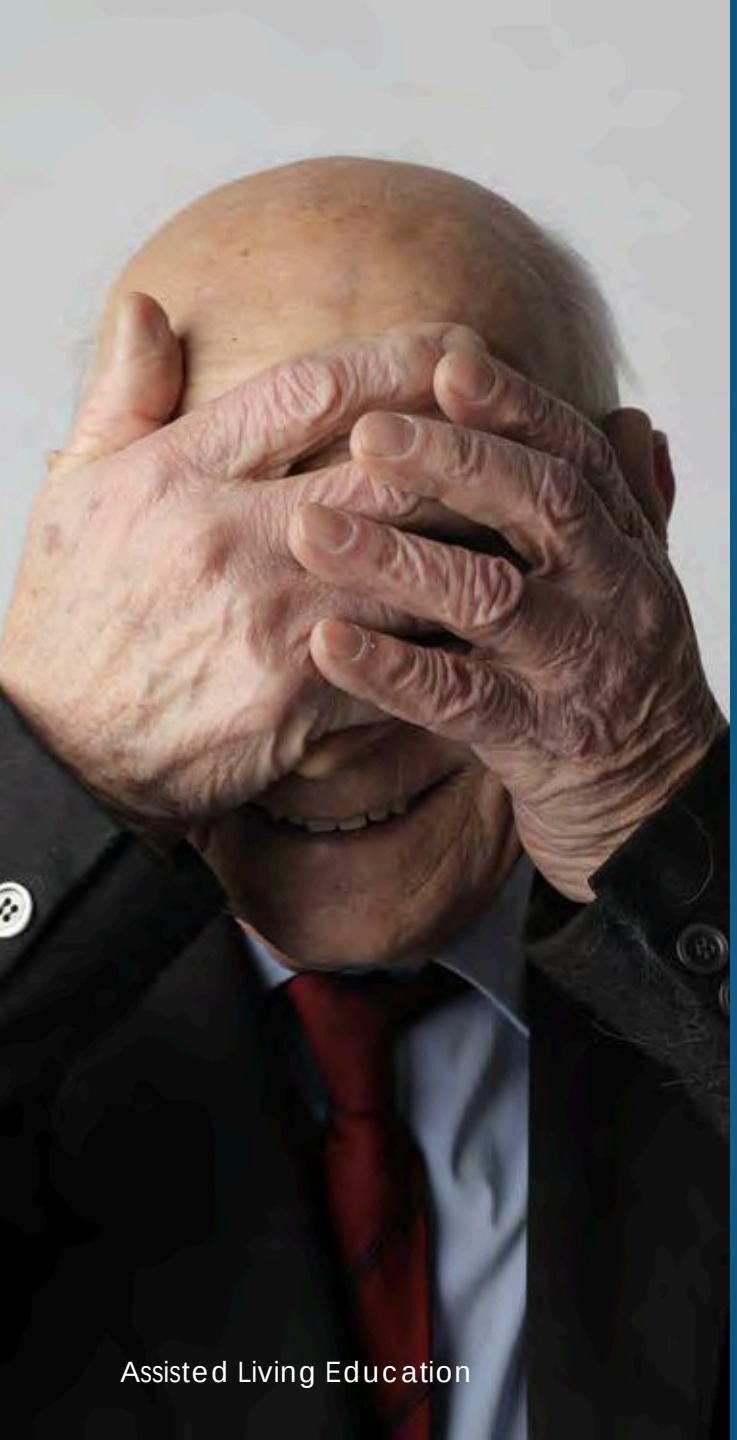
First, they must accept that the person with dementia cannot help this behavior – they are not purposely trying to be stubborn or difficult!



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.

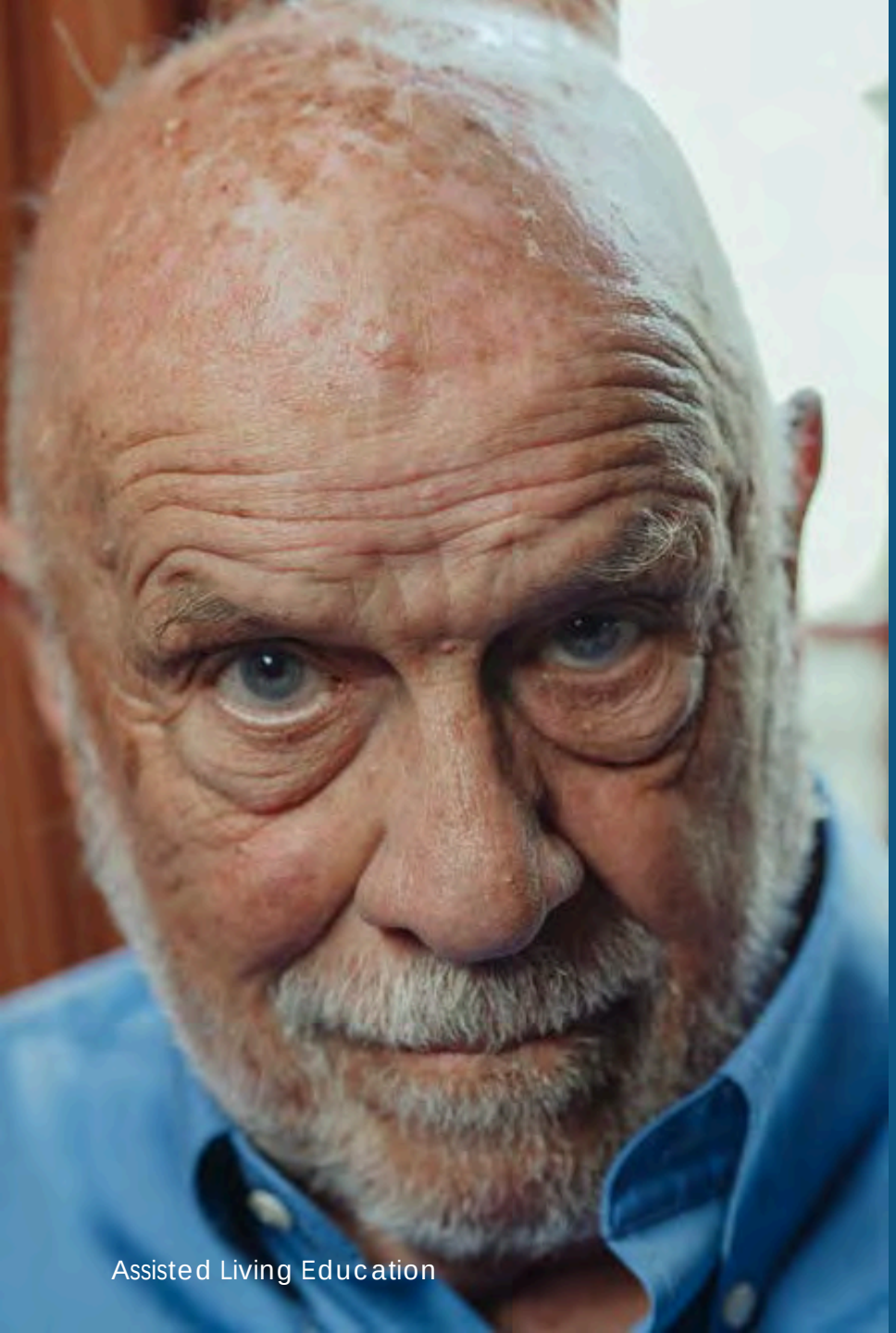
Catastrophic Reactions (cont'd)

- 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.

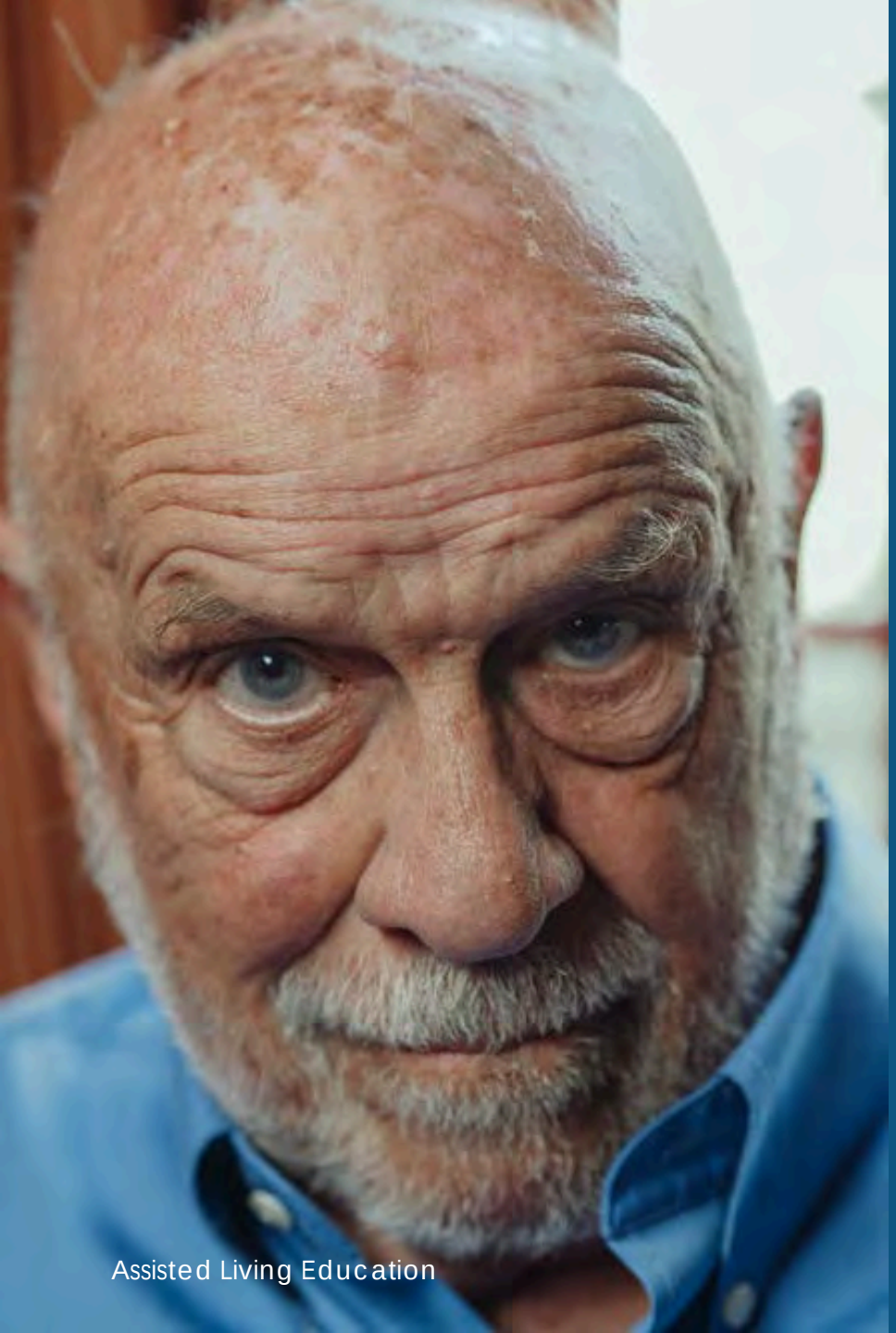
This is a difficult situation – you are responsible for the safety and security of each resident, but you do not want to violate the resident's rights.



Sexuality issues

Possible issues:

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



Sexuality issues

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

- 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.

Issues Related to Alzheimer's disease and dementia

Fall Risks

The risk of falls is much greater with our AD residents than it is with our normal population.

- Be patient with the resident.
- Move at the pace that the resident requires when escorting, dressing.
- Remove any obstacles in their room/apartment that may lead to a fall.
- Take all falls seriously as the resident may have hurt themselves and cannot tell you.

Pain

Oftentimes, an AD resident may feel pain but cannot communicate this verbally or physically.

Be aware of the following signs of pain and act accordingly:

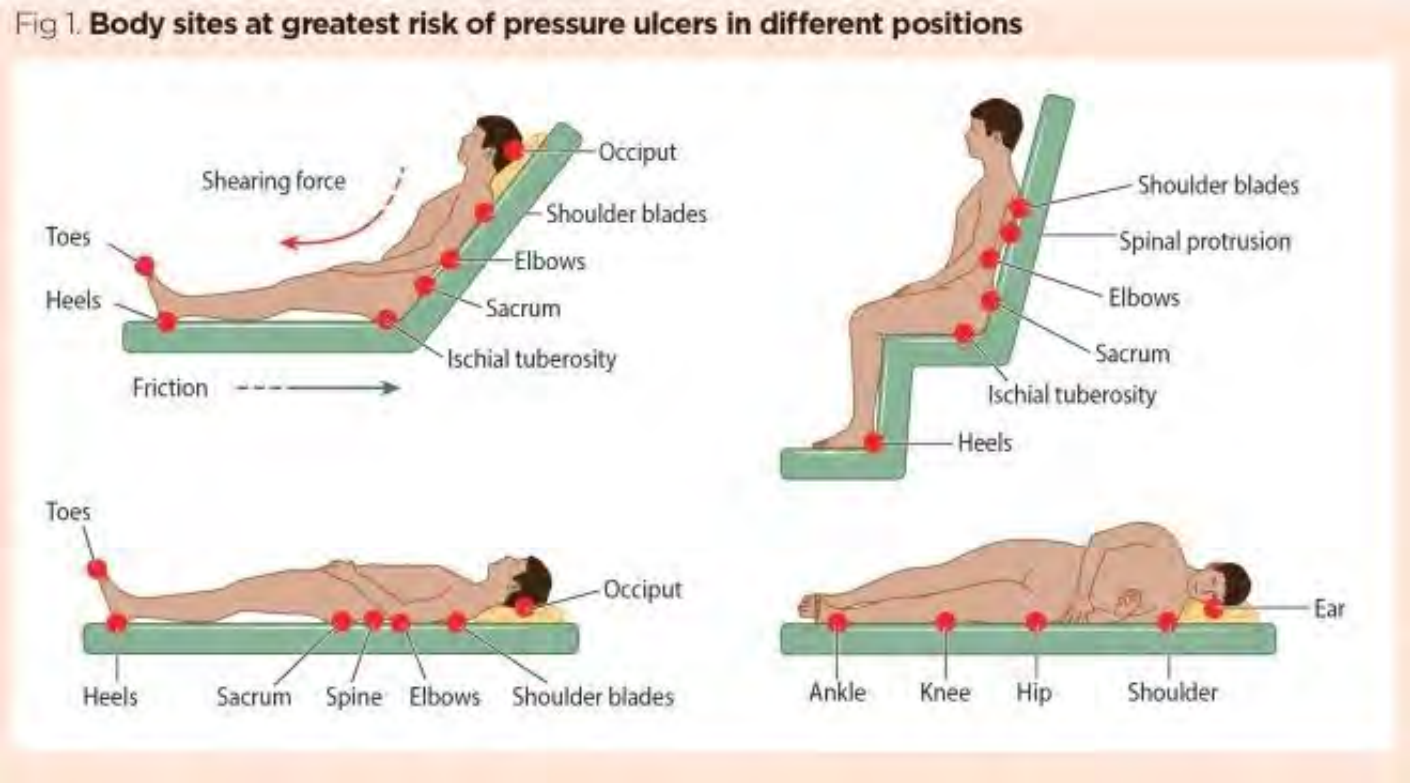
- sudden worsening of behavior
- moaning or shouting
- refusal to do certain things
- increased restlessness

Pressure Injuries

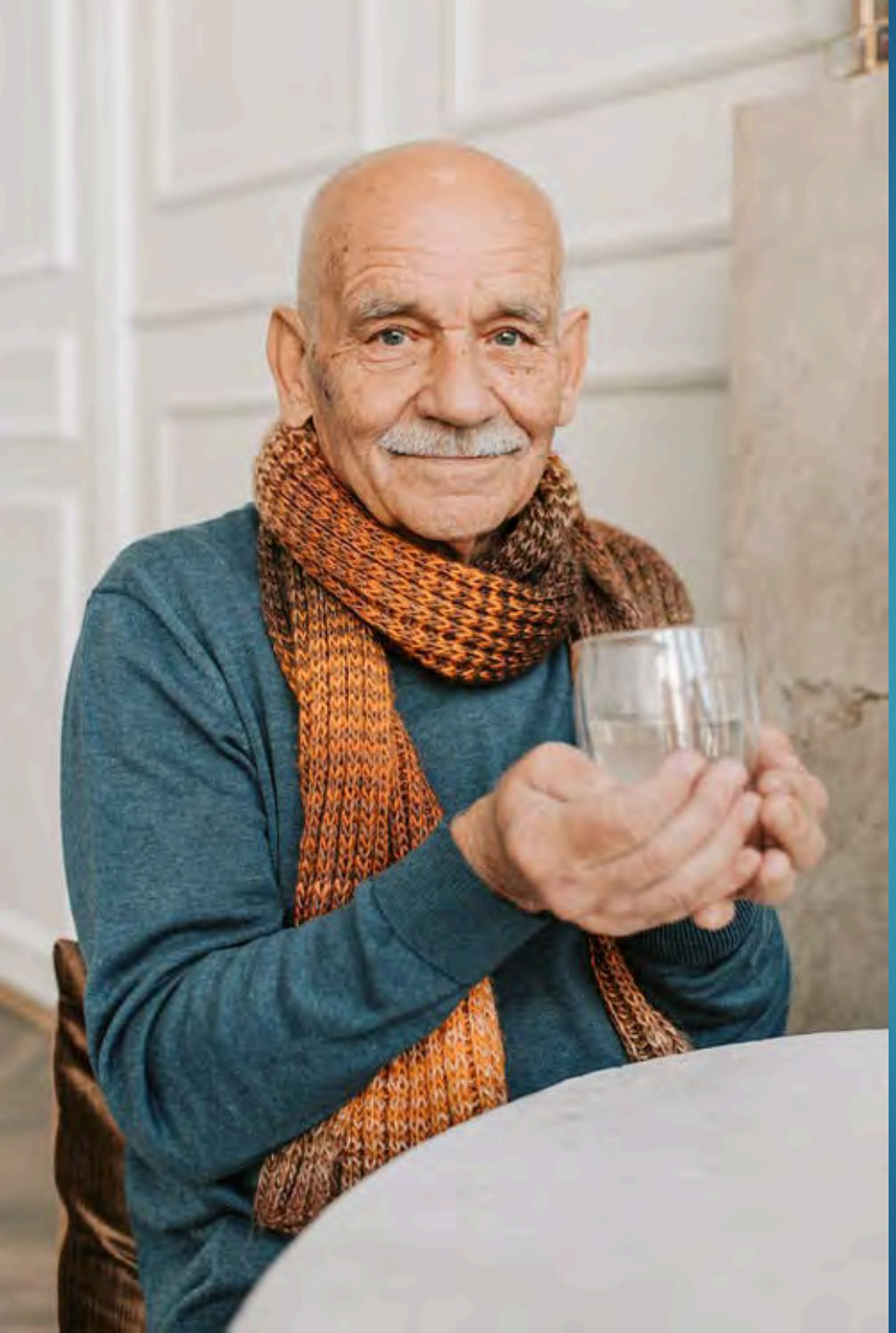
Pressure injuries (decubitus ulcers, pressure sores) happen frequently in AD residents for many reasons:

- sitting or lying down for prolonged periods
- sitting in wet clothing/Depends
- inappropriate clothing
- inadequate nutrition

Pressure Injuries (cont'd)



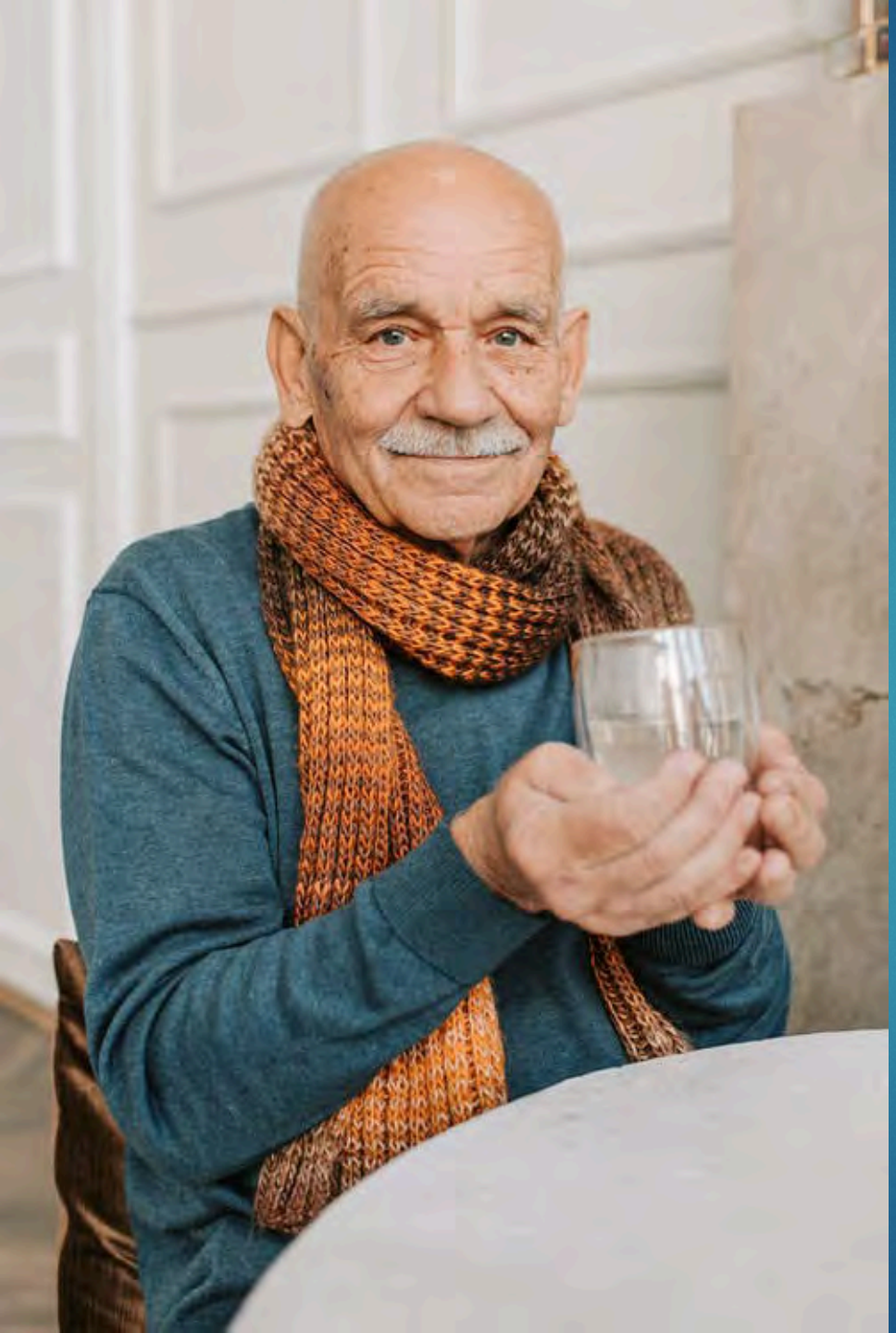
Source: https://www.nursingtimes.net/clinical-archive/dermatology/effects-of-bedrest-6-bones-skin-self-concept-and-self-esteem-15-04-2019/?storycode=7028609&hash=611096796319040559257 1bae33b8b2b



Dehydration

Can occur in residents with:

- vomiting
- diarrhea
- diabetes
- taking diuretics
- taking heart medications



Dehydration

Symptoms can include:

- Thirst or refusal to drink
- Fever
- Flushing
- Rapid pulse
- Dried, inelastic skin
- Dizziness or lightheadedness
- Confusion or hallucinations

Vision problems

Brain-impaired people may be less able to distinguish between similar color intensities; thus, light green might look the same as light yellow.

A light yellow handrail on a light blue wall might be hard to see.

Vision problems

Residents may also have difficulty with depth perception, prints and patters may be confusing, and a black and white checkered floor might have “holes” in it.

Vision problems

- Residents may not be able to tell how high a step or curb is.
- It may be difficult to see where to step on stairs.
- It may also be difficult to judge how close a chair is before they sit down.

Jerking Movements (Myoclonus)*

- People with AD occasionally develop quick, single, jerking movements with their arms, legs or body.
- They are called myoclonic jerks.
- They are not seizures and do not progress to seizures.
- Watch out that residents with myoclonus do not accidentally injury themselves or others.

*Source: https://www.brainfacts.org/diseases-and-disorders/neurological-disorders-az/diseases-a-to-z-from-ninds/myoclonus#:~:text=Myoclonic%20jerking%20may%20develop%20in,disordered%20and%20leads%20to%20seizures.

Sundowning

Many residents with AD are more agitated, confused or restless in the late afternoon or early evening. The cause is not known, but factors that may aggravate late-day confusion include:

- Fatigue
- Low lighting
- Increased shadows

Sundowning Issues

- 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.

Sundowning Issues

- 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.
- Keep a night light on to reduce agitation that occurs when surroundings are dark or unfamiliar.

Repetitive Actions

- Sometimes, a resident will get “stuck” doing the same thing repeatedly, like folding towels, and cannot stop themselves.
- The brain is having a hard time “shifting gears” to a new activity.
- You may redirect the resident to a new task if this occurs.

Loss of Coordination - Apraxia

Because dementing illnesses affect many parts of the brain, the person with dementia may lose the ability to make his or her hands and fingers do familiar tasks.

Physicians use the term apraxia to describe this, according to WebMd.*

*Source: https://www.webmd.com/brain/apraxia-symptoms-causes-tests-treatments

Loss of Coordination - Apraxia

An early sign of apraxia is a change in handwriting.

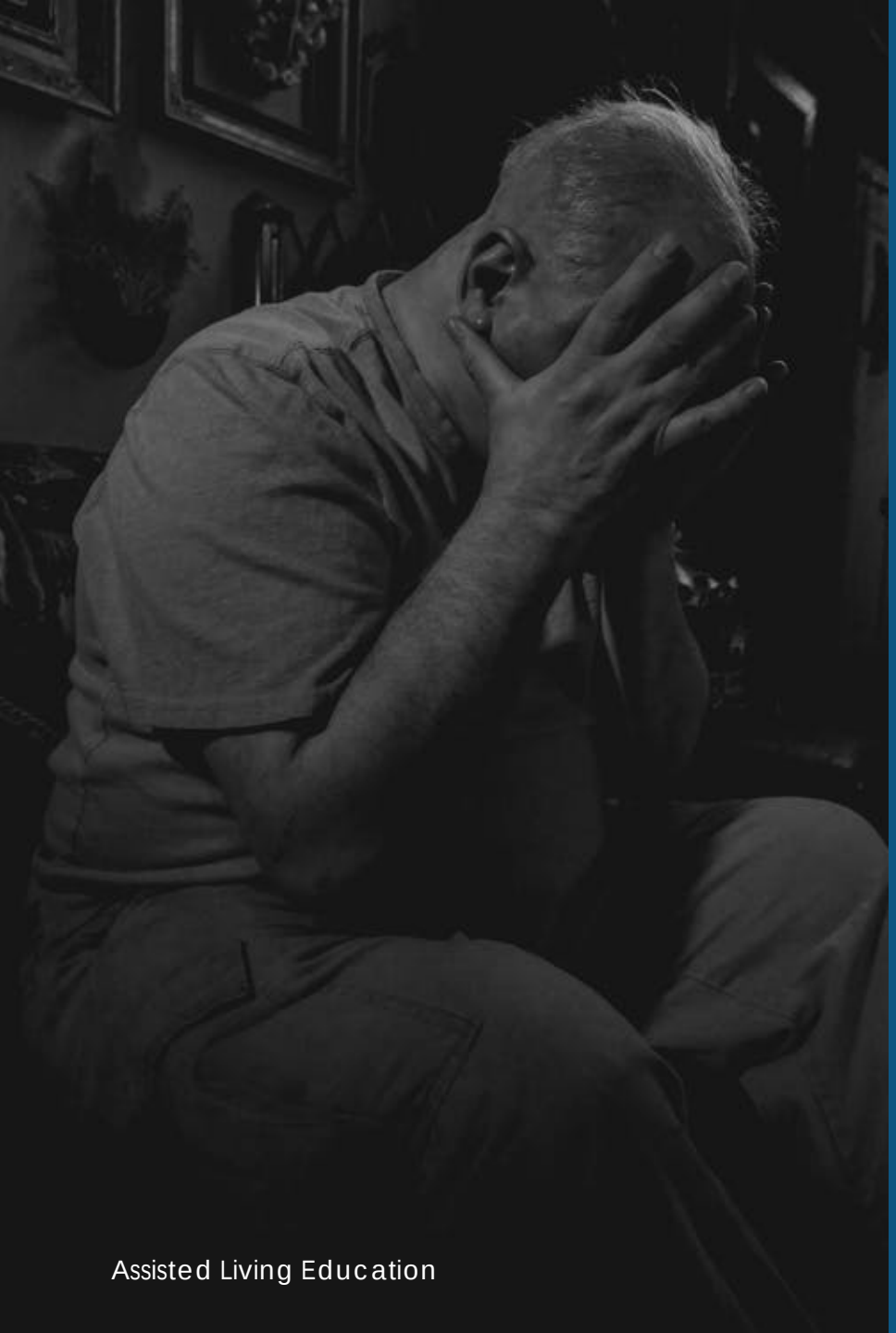
Another, later indication is a change in the way the person walks; a person may start with a slightly unsteady gait and gradually change to a slow, shuffling gait.

Loss of Coordination

People with dementia may have other physical conditions that also interfere with their ability to perform ADL's.

These can include:

- tremors
- joint disease (arthritis)
- muscle stiffness
- bone disease
- muscle weakness



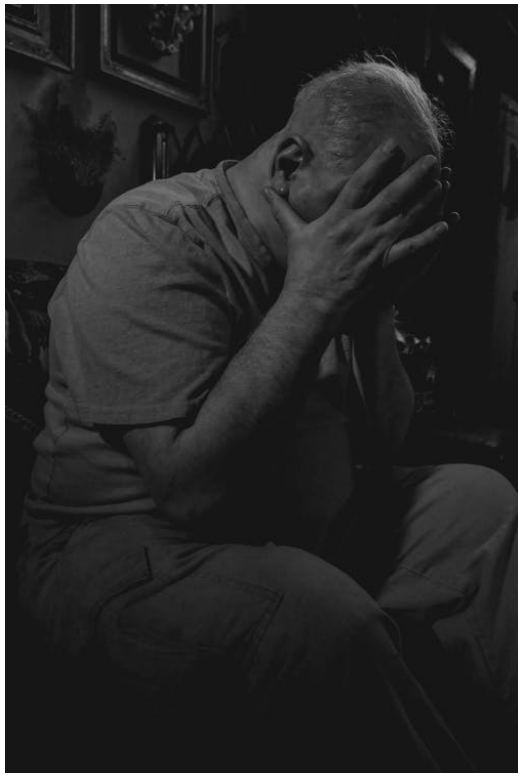
Sleep Issues

- 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 are not there.

Sleep Issues

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

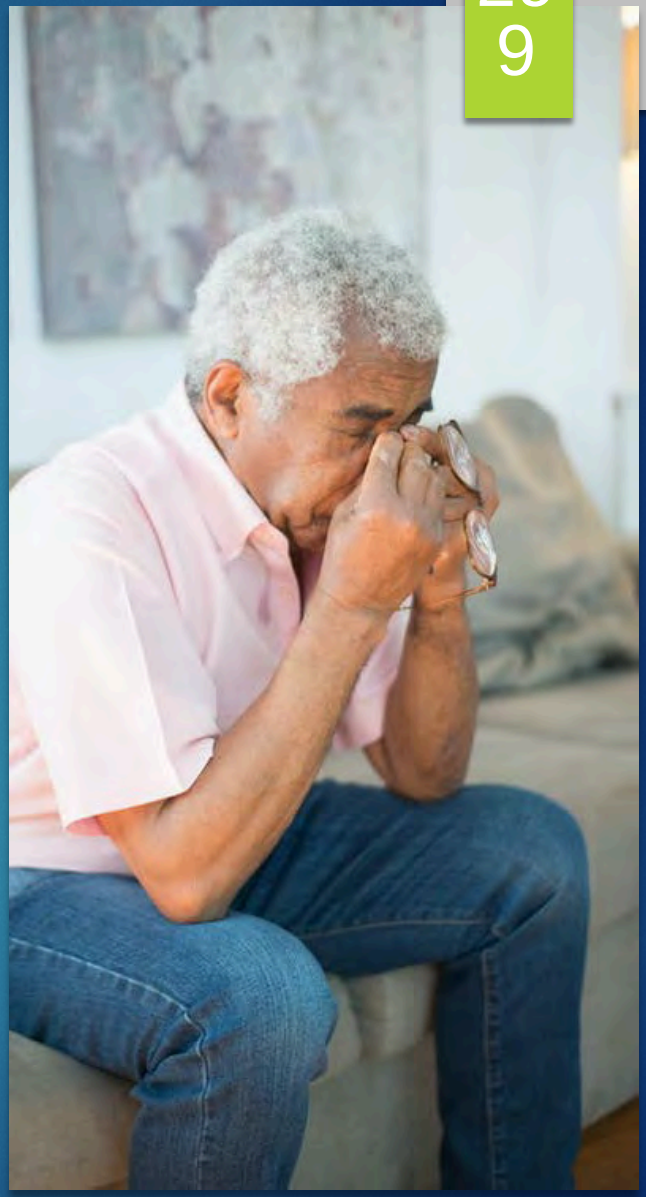


Sleep Issues

The use of sedatives may lead to:

- increased falls
- confusion
- dizziness
- daytime sleepiness
- physical dependence

Fear



"I want to go home" = "I want to go back to the quality of life where I was useful and I had a purpose and I wasn't fearful."

"I have no money" = "I used to carry a wallet with money in it and now it's missing. I need money to buy eggs at the store."

"Where is everyone?" = "I don't recognize all these people here – where are my friends and family? Where is my mother? Why has she left me?"

Fear (cont'd)

How to cope with anxiety and fear:

Reassurance: If the person with dementia seems to be afraid or anxious, you may be able to reassure them by explaining that you understand how they must feel but that there is nothing to worry about. If the person does not seem to understand what you are saying, you could take their hand and just hold it or perhaps put your arm round their shoulder.

Create a distraction or remove the source of anxiety or fear (if known): Move the resident to another room or redirect them.

Fear (cont'd)

How to cope with anxiety and fear:

Know the resident: The resident may say something but that might not be what they really mean. For example, they may say "how long?" What do they mean – how long until lunch or how long will the caregiver be gone?

Talk with their physician: Maybe the resident needs a mediation to help with their anxiety.

302

Assisted Living Education

Communicating with your AD resident

Communicating with your AD resident

- When speaking to a resident, stand in front of them where they can see you.
- Speak slowly in a low-pitch voice (it is hard for AD residents to understand high voices).
- Use simple sentences.
- Do not ask too many questions or overwhelm the resident with choices.
- Focus attention on gentle touching, if appropriate.

Communicating with your AD resident

- Residents will get overloaded when trying to communicate with excess noise, chaos, etc.
- Do not argue with the resident.
- Ask questions with yes or no answers.
- Do not try to enter the resident's world by validating what they are seeing/hearing – this may confuse them.
- Give simple, precise instructions in a positive manner.

Communicating with your AD resident

Say the resident's name and make eye contact before touching him/her.

Do NOT say "Remember me? Of course, you do!"

Make sure the person actually *heard* you.

When you speak, wait for the person to respond. Their response time may be much slower than what seems natural for you. WAIT.

Communicate non-verbally, if necessary.

Barriers to Communication

1. Assuming the resident understands us.

One of the biggest mistakes we make in communicating with each other is assuming that the other person understands us. With an AD resident, they may try to pretend that they understand to hide his or her disabilities.

Barriers to Communication

2. Language.

Foreign language

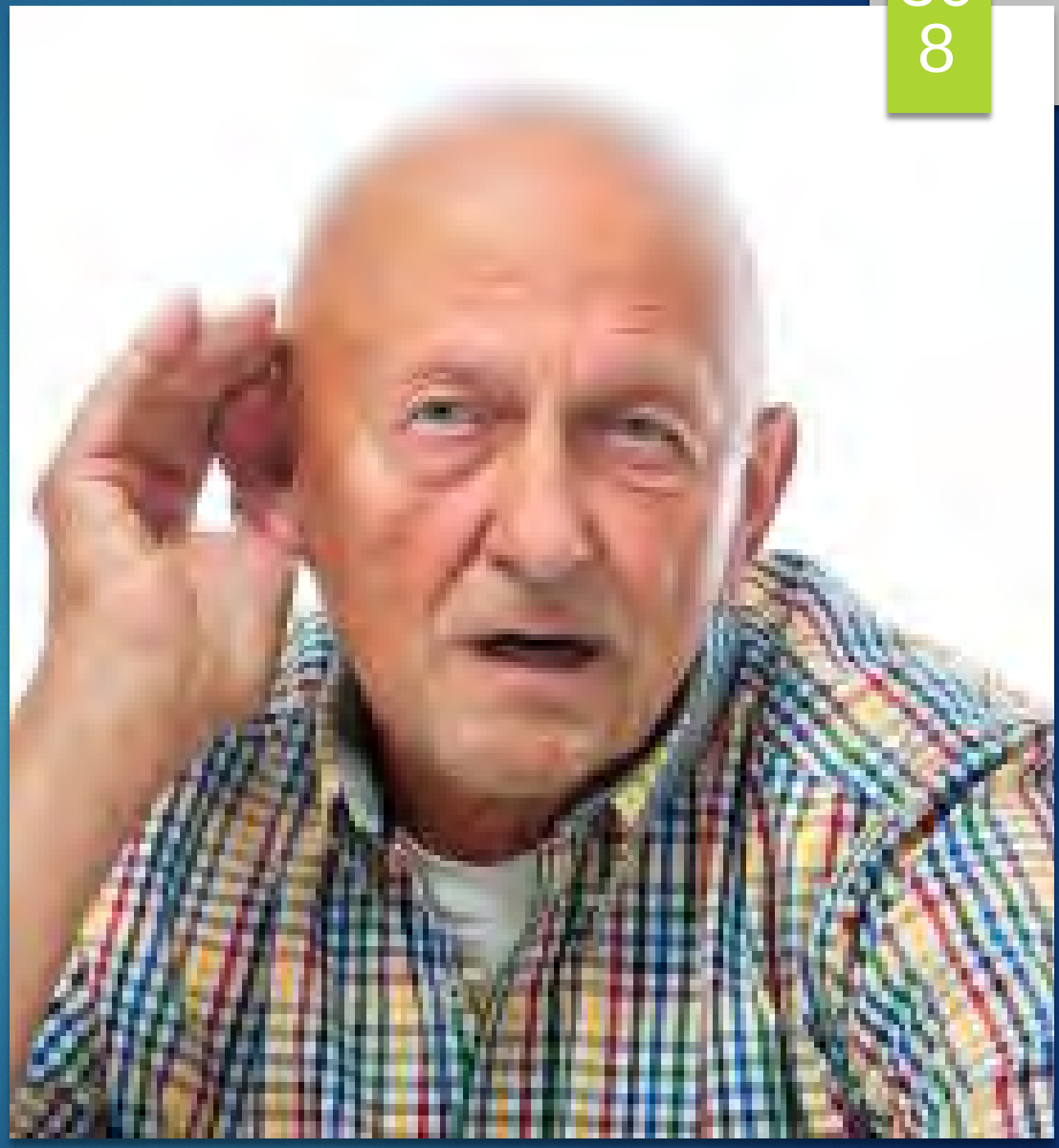
Jargon (during ADL's, for example – "let's jump into the bath")

Vocabulary (education, background)

Barriers to Communication

3. Sensory losses

   - Loss of vision
   - Loss of hearing
   - Loss of touch, taste or smell
   - Inability to communicate losses



Barriers to Communication

4. Environmental noise

- TV's, radios in background
- Activities in progress
- Loud residents
- Requests made too quickly

Barriers to Communication

5. Distraction/not paying attention

Caregiver not focused on resident, taking care of multiple residents at one time

Loss of the ability to focus, “pay attention”

Barriers to Communication

6. Resident is suspicious of the caregiver, tone of voice, non-verbal cues

   Paranoia – the person is stealing my stuff!

   Caregiver is aggressive with their demands, talks too loud, scares resident

   Caregiver looks like someone they did not trust in the past

   Facial expressions, body language

Redirection Skills

Redirection is used to distract the resident from the unwanted behavior/situation.

For example, if a resident is agitated because they cannot find their child, redirect them by asking them questions about their child in a calm, gentle manner.

If they are trying to get out, try to walk them to another room or an activity.

Possible negative behaviors*

Aggressive behavior	Anger	Agitation	Hitting
Hoarding, rummaging	Mood swings	Wanting to go home	Screaming or crying
Blaming	Hiding	Biting	Repetition
	Suspicion (paranoia)	Sleep issues	

*Source: https://www.alz.org/help-support/caregiving/stages-behaviors

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

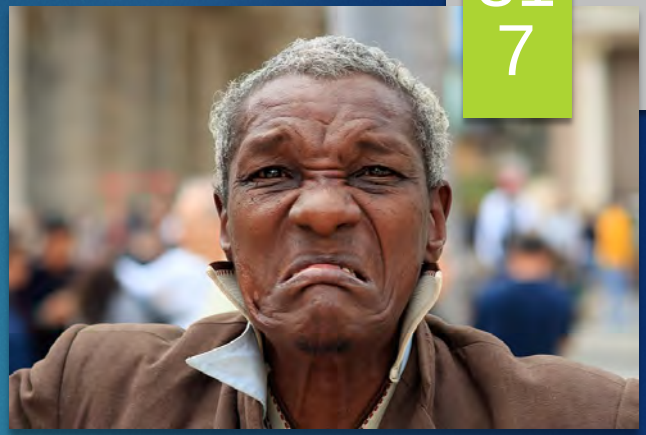
Aggressive Behavior

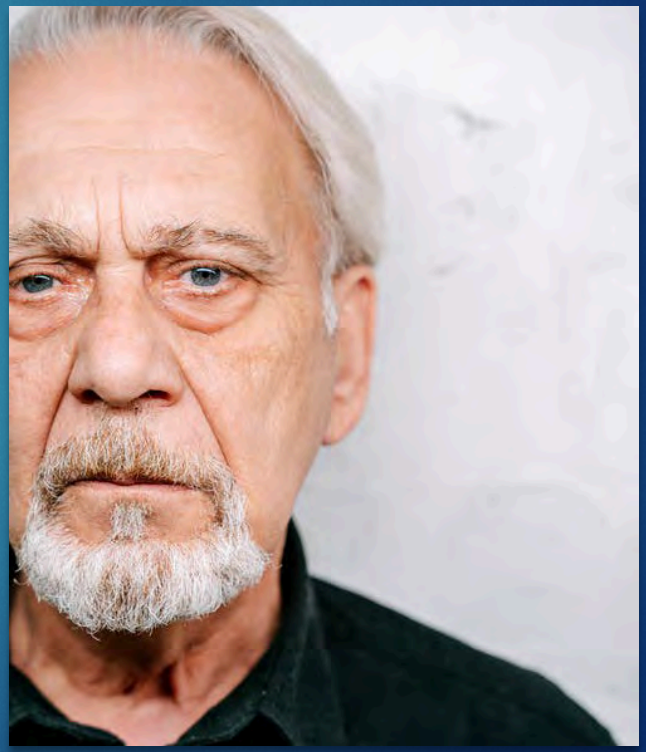
Physical	Verbal
Biting	Cursing
Hitting	Threatening
Kicking	Screaming
Punching	Name - calling
Pushing	
Slapping	

Behaviors

What do I do if a resident is being aggressive?

1. Back off.
2. Is the resident acting this way because they are 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.



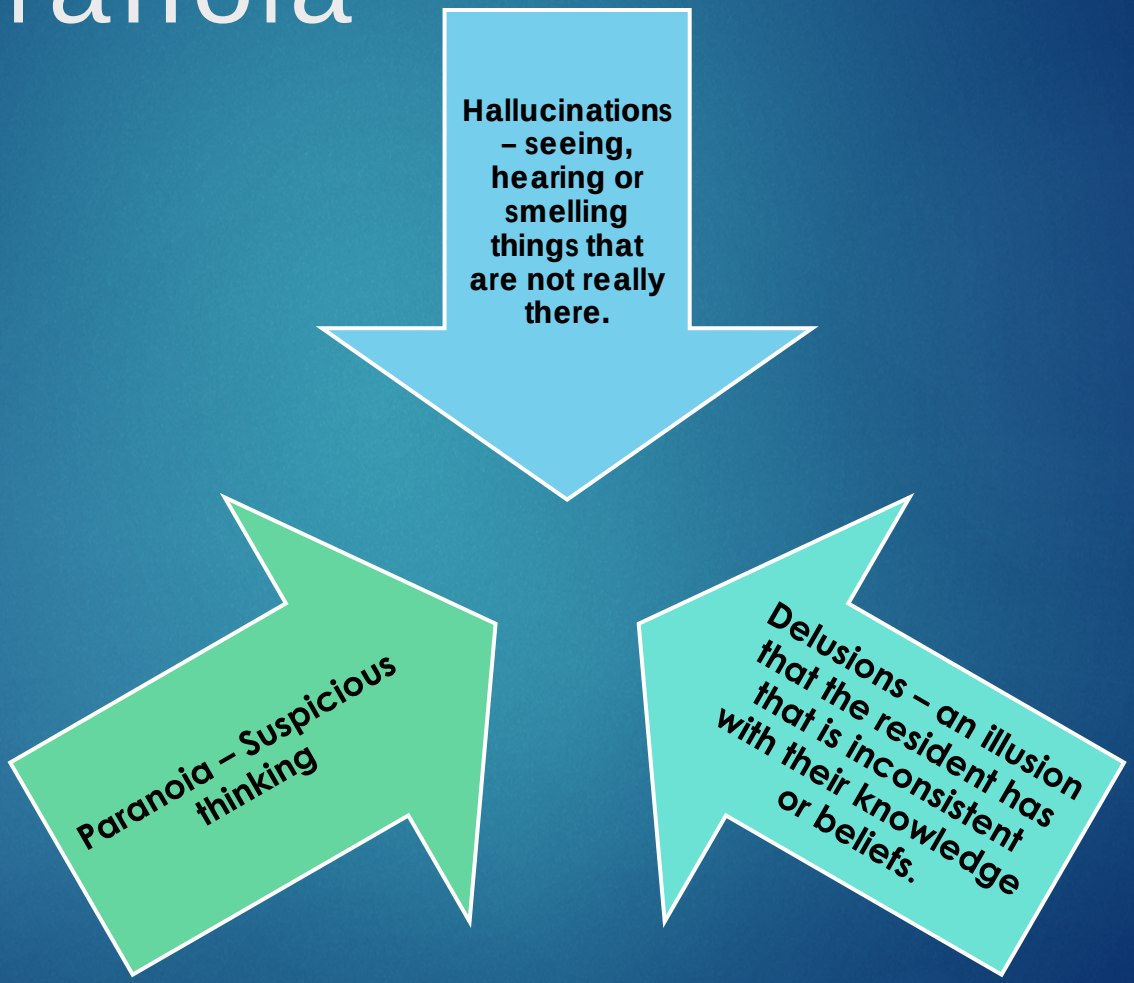


Behaviors

What do I do if a resident is being aggressive?

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



Coping with these behaviors

- Do not use an overhead paging system!
- Keep familiar objects around.
- Change the environment (their room) as little as possible.
- Try to clean their apartment when they are 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

Hiding and blaming (cont'd)

1. You probably cannot 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 an 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. Do not 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.

Rummaging

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.

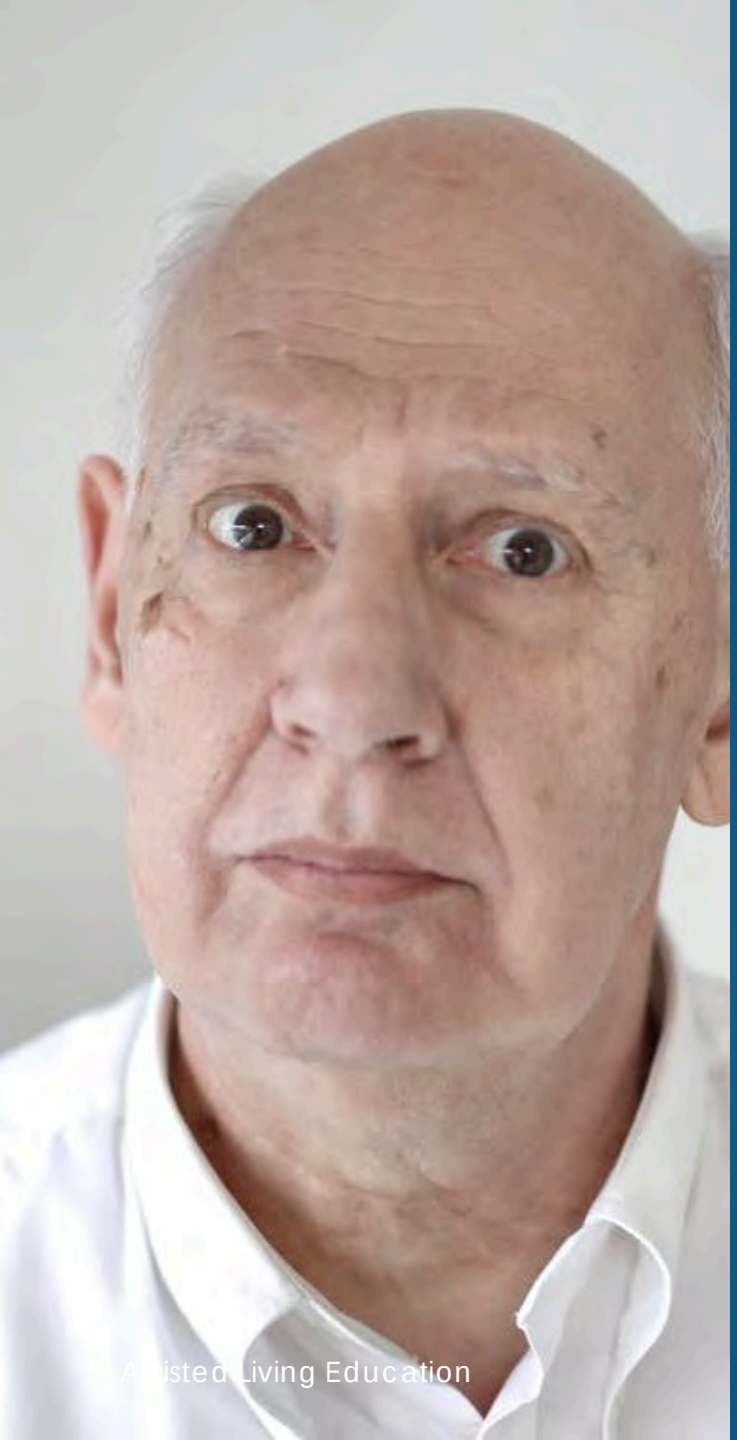
You can also install child-proof locks on drawers.

Label items, if appropriate.

Rummaging

If rummaging is not 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 will ask it again. Try to redirect the resident, or pay more attention to them.

Remember – they are not doing this to drive you crazy!

FAMILIES

Family Members

Often, the caregivers are the target of angry and frustrated family members:

- Guilt for moving mom or dad into the facility from their home.
- Guilt that they are not able to care for their loved one.
- Sadness for the loss.
- Feeling “replaced” and not remembered.
- Fear that they will end up the same way.

Family

- When communicating with the families of AD residents, it is important to be sensitive to the family's feelings towards their loved one.
- Never tell the family that the resident was "difficult" or "nasty."
- Try not to talk about "diapers" or "bibs".

Family

- Encourage family members to participate in activities and meals.
- Coordinate and facilitate monthly support group meetings.
- Coordinate and host family nights.
- Encourage family members to contact the Alzheimer's Association for more support.

Family (cont'd)

- Ask the family when they will be visiting.
- What are the family members' names?
- Does the resident have any special friends that may be visiting?

ACTIVITIES

Your Residents

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

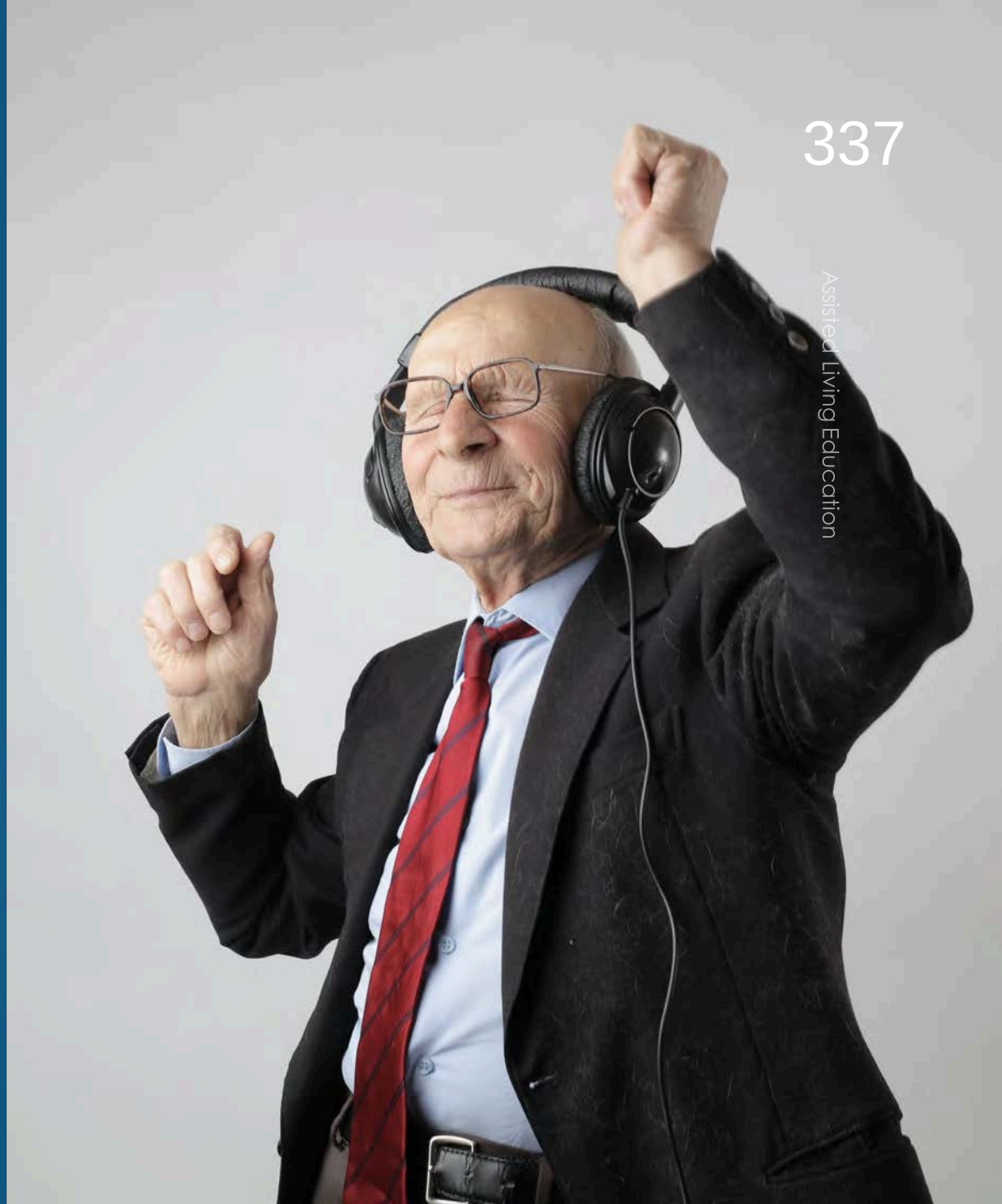
- past profession
- likes and dislikes
- hobbies and interests
- socialization needs

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

- Leaving the TV on all day
- Playing the radio all day
- Noisy, confusing activities
- Activities that last more than 45 minutes
- Physically demanding activities
- Things that require memory
- Childish activities
- Bad news or sad news

Sample Daily Activity Schedule

7:00 a.m.	Rise and shine, grooming
8:00 a.m.	Breakfast
9:00 a.m.	Sittercize
9:30 a.m.	Making smoothies
10:00 a.m.	Manicures
11:00 a.m.	Poetry club
12:00 p.m.	Lunch
1:00 p.m.	Nap
3:00 p.m.	Ball toss
4:00 p.m.	Bingo
5:00 p.m.	Communion Service
5:30 pm.	Dinner
6:30 p.m.	Lawrence Welk and popcorn
8:00 p.m.	Evening grooming
9:00 p.m.	Bedtime

SLOWING DOWN THE DISEASE

Lifestyle Interventions

Research has shown that several chronic conditions and diseases are influence by lifestyle choices.

- Exercise
- Healthy diet
- Not smoking
- Moderate drinking
- Strong social network
- Keeping the brain active

Source: https://www.nia.nih.gov/report-2019-2020-scientific-advances-prevention-treatment-and-care-dementia/behavioral-and

Lifestyle Interventions

Exercise:

Studies have shown a significant decrease in AD risk in those who exercise just 15 minutes a day,

3 days a week

walk, run, bike ride, dance!

Lifestyle Interventions

Exercise:

- keeps weight down
- helps you sleep better at night
- keeps your bones healthy
- increases your brain volume
- decreases your stress
- helps stave off illness and disease

Lifestyle Interventions (cont'd)

A healthy diet includes:

- brightly colored fruits and vegetables
- healthy oils
- low fat proteins, such as lean beef
- whole grains
- low sugar and low fat foods
- fish and fish oils

Lifestyle Interventions (cont'd)

Obesity leads to:

- heart disease
- diabetes
- hypertension
- may increase risk of AD

Keeping the brain healthy

USE IT OR LOSE IT

Keeping the Brain Healthy

Per Harvard Health*, here are some ideas to keep the brain healthy:

- Read
- Take courses
- Try "mental gymnastics," such as word puzzles or math problems
- Experiment with things that require manual dexterity as well as mental effort, such as drawing, painting, and other crafts

*Source: https://www.health.harvard.edu/mind-and-mood/12-ways-to-keep-your-brain-young

Keeping the Brain Healthy

- Avoid smoking
- Limit alcohol consumption
- Lower blood pressure
- Build social networks – see your friends!
- Maintain good mental health - reduce anxiety, depression
- Try to get enough sleep
- Control cholesterol and diabetes

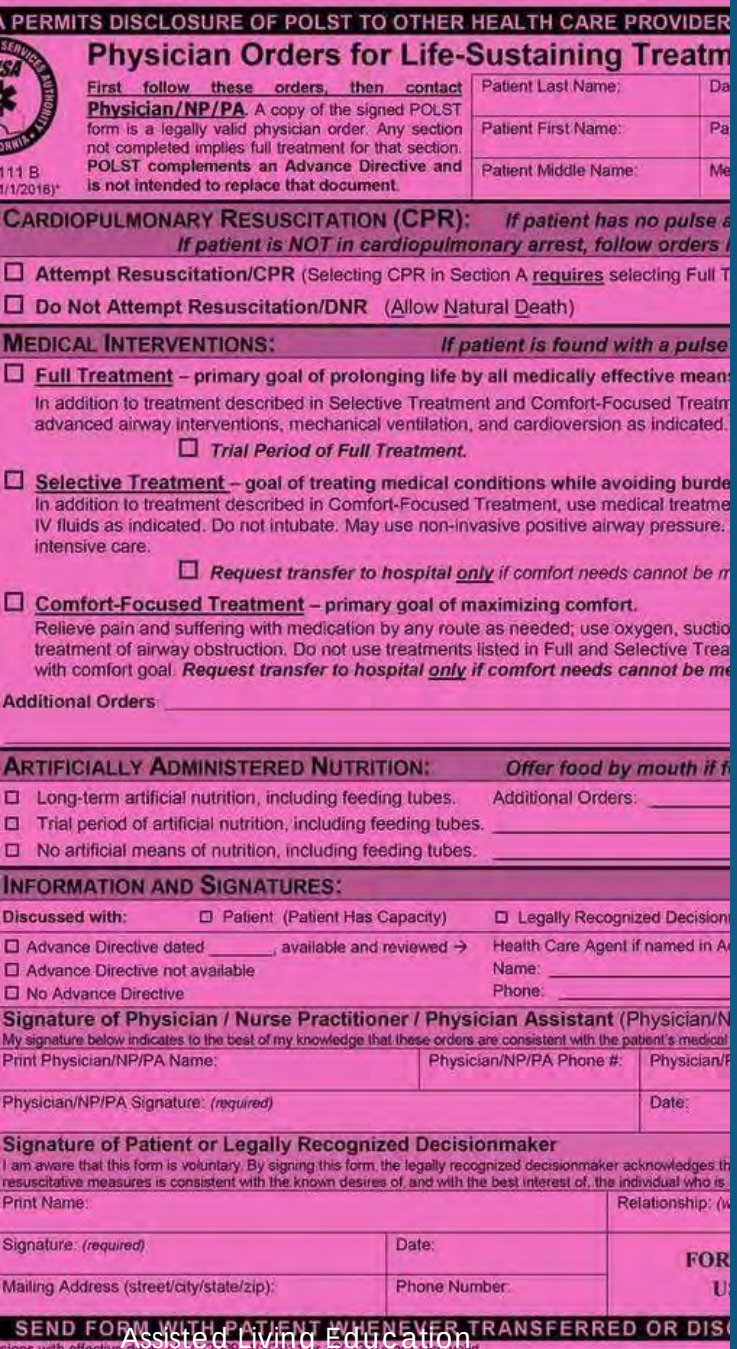
Grief and Loss, Death and Dying

Grief and Loss, Death and Dying (cont'd)

Generally, our residents would like to die at home (in the facility) rather than in a hospital or skilled nursing facility. Sometimes we can prepare for it, and sometimes we cannot.

Preparation:

- Hospice and/or home health care
- End of life discussions
- Family involvement
- DNR's and POLST's


PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDER

Physician Orders for Life-Sustaining Treatm

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name:
Patient First Name:
Patient Middle Name:

111 B
1/1/2016)*

CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse a
If patient is NOT in cardiopulmonary arrest, follow orders

☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full T
☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

MEDICAL INTERVENTIONS: If patient is found with a pulse

☐ Full Treatment – primary goal of prolonging life by all medically effective mean
In addition to treatment described in Selective Treatment and Comfort-Focused Treatm
advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
☐ Trial Period of Full Treatment.

☐ Selective Treatment – goal of treating medical conditions while avoiding burde
In addition to treatment described in Comfort-Focused Treatment, use medical treatme
IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure.
intensive care.
☐ Request transfer to hospital only if comfort needs cannot be m

☐ Comfort-Focused Treatment – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctio
treatment of airway obstruction. Do not use treatments listed in Full and Selective Trea
with comfort goal. Request transfer to hospital only if comfort needs cannot be me

Additional Orders:

ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if f

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders:
☐ Trial period of artificial nutrition, including feeding tubes.
☐ No artificial means of nutrition, including feeding tubes.

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decision

☐ Advance Directive dated _____, available and reviewed → Health Care Agent if named in A
☐ Advance Directive not available Name:
☐ No Advance Directive Phone:

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/N
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical

Print Physician/NP/PA Name: | Physician/NP/PA Phone #: | Physician/
Physician/NP/PA Signature: (required) | Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form the legally recognized decisionmaker acknowledges th
resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is

Print Name: | Relationship: (
Signature: (required) | Date:
Mailing Address (street/city/state/zip): | Phone Number:

FOR
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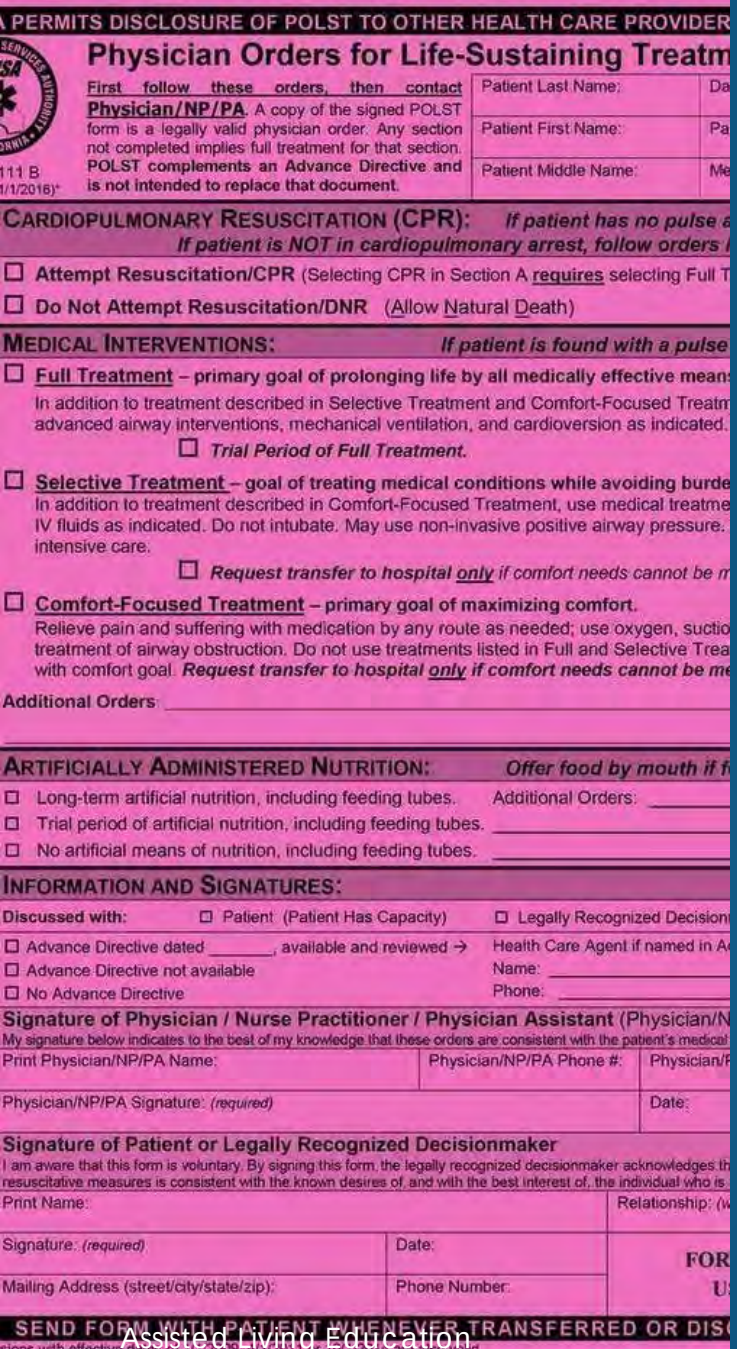
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DIS
sions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 are also valid

Advanced Directives

- Advanced Directive
- Durable Power of Attorney
- Health Care Proxy
- DNR
- POLST
- Living Will (not recognized by CA)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FOR
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SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DIS

sions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 are also valid

Advanced Directives

DNR's:

Not an order to never call 911

Can only be honored by an EMT, physician or licensed nurse

A POLST can replace a DNR

POLST's:

Does not replace an Advance Directive, but compliments it

Grief and Loss, Death and Dying (cont'd)

How can we help our residents, families and staff with loss?

- Be a good listener.
- Take time to talk.
- Allow them to share memories, tell their stories and receive support.
- Do not offer them false comfort.
- Recognize their feelings and do not deny them.
- Be patient.
- Encourage them to get professional help, if necessary.

CARING FOR THE CAREGIVER

Caring for the Caregivers

Anyone who has provided care to an AD resident knows it is 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?

do not come to work sick?

exercise and get fresh air?

have hobbies?

enjoy music or reading?

know how to deal with stress?

Self-Care (cont'd)

I....

know when to ask for help?

share my feeling when I feel angry, frustrated, over-whelmed, etc.?

have friends and/or family that I can rely on?

participate in all training my company offers?

DSS Regulations for Dementia Residents

RCFE Title 22, Sections 87705-87707

87705 Care of Persons with Dementia

87706 Advertising

87707 Training

Dementia Plan of Operation

Title 22, Section 87705 states:

In addition to the requirements as specified in Section 87208, Plan of Operation, the plan of operation shall address the needs of residents with dementia, including:

(1) Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.

(2) Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.

Care Plans and Physician Reports

	Updated Annually	Updated upon change of condition
Physician Reports	✓	✓
Care Plans	✓	✓

Resources Available

- Your local Alzheimer's Association
- Alzheimer support groups
- Senior centers
- Adult Day Care centers

Quiz and Answers

Q: Name 3 challenging behaviors an AD resident may have:

1. _____
2. _____
3. _____

Quiz and Answers

Repetition

Hallucinations, delusions & Paranoia

Wandering

Behaviors such as biting, hitting, or kicking

Behaviors such as crying, screaming, and arguing

Quiz and Answers

Q: Substance abuse can cause dementia.

a. True

b. False

Quiz and Answers

True

Quiz and Answers

Q: Which one is not a reversible dementia?

a. Medications
b. Infections
c. Metabolic disorders
d. Alzheimer's disease
e. Depression

Quiz and Answers

Alzheimer's disease

Quiz and Answers

Q: MCI stands for:

a. Mild Confusion Impairment

b. Moderate Confused Indicator

c. Mild Cognitive Impairment

Quiz and Answers

Mild Cognitive Impairment

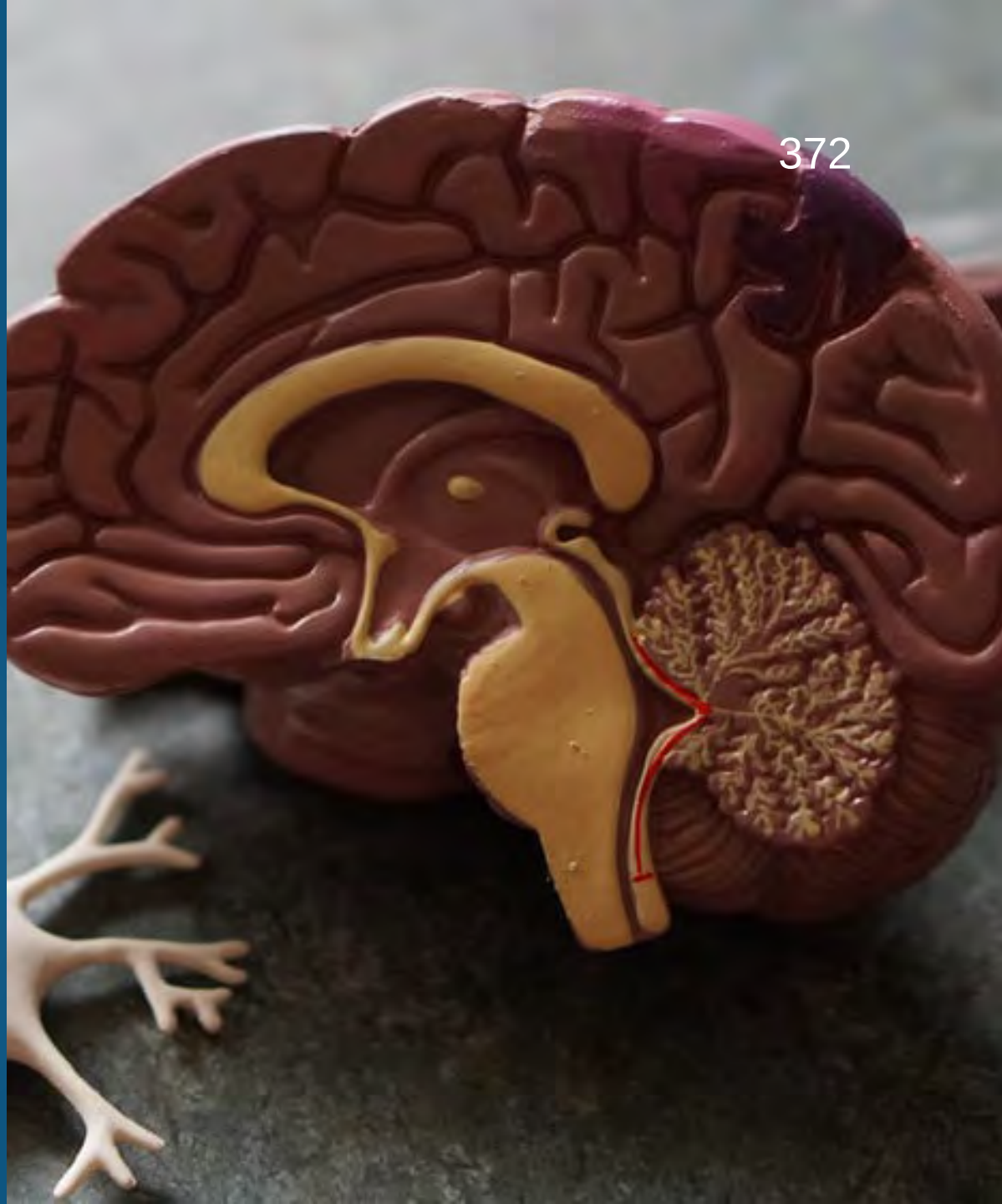
Quiz and Answers

Q: The brain has 3 parts – the cerebrum, the cerebellum and the _____.

a. brain stem

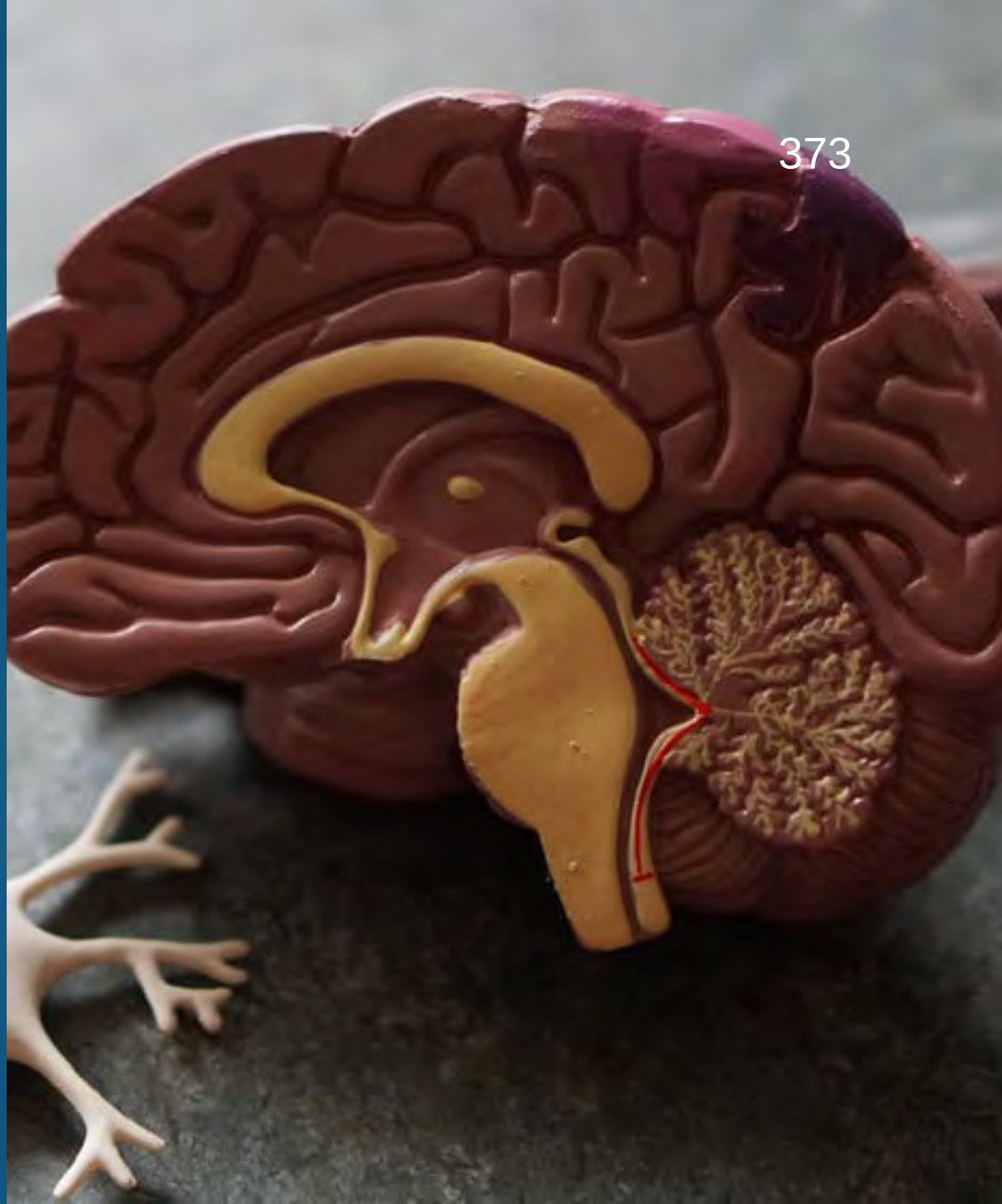
b. hippocampus

c. cortex



Quiz and Answers

brain stem



Quiz and Answers

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

a. True

b. False

Quiz and Answers

False

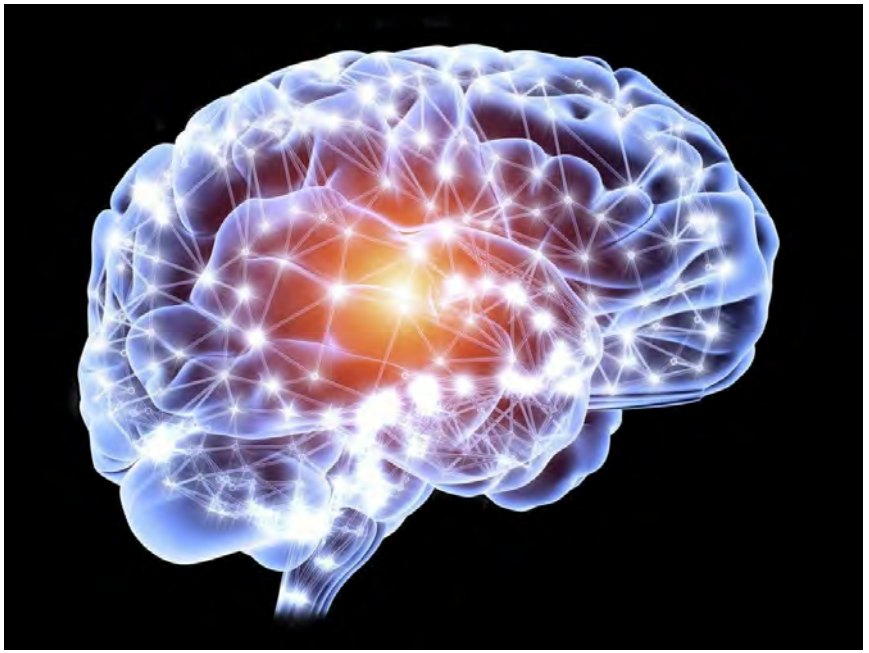
Quiz and Answers

Q: In the brain, information from one neuron flows to another neuron across _____.

a. a neurotransmitter

b. synapses

c. tau



Quiz and Answers

synapses

Quiz and Answers

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

a. argue

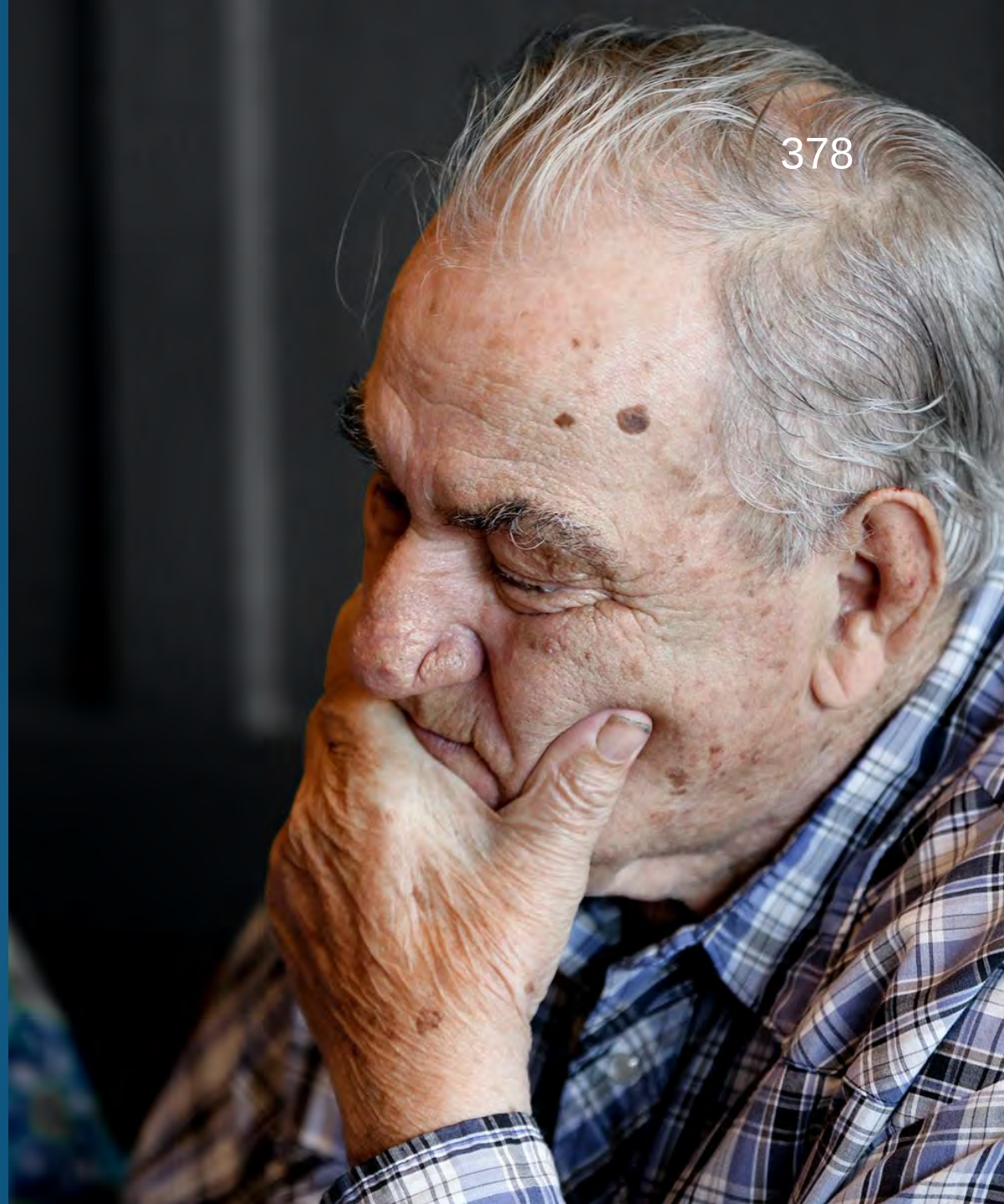
b. offer choices between two options

c. restrain

d. say “I’m sorry you’re upset”

e. make calm, positive statements

f. enter into “their world”



Quiz and Answers

offer choices between two options

say “I’m sorry you’re upset”

make calm, positive statements

Quiz and Answers

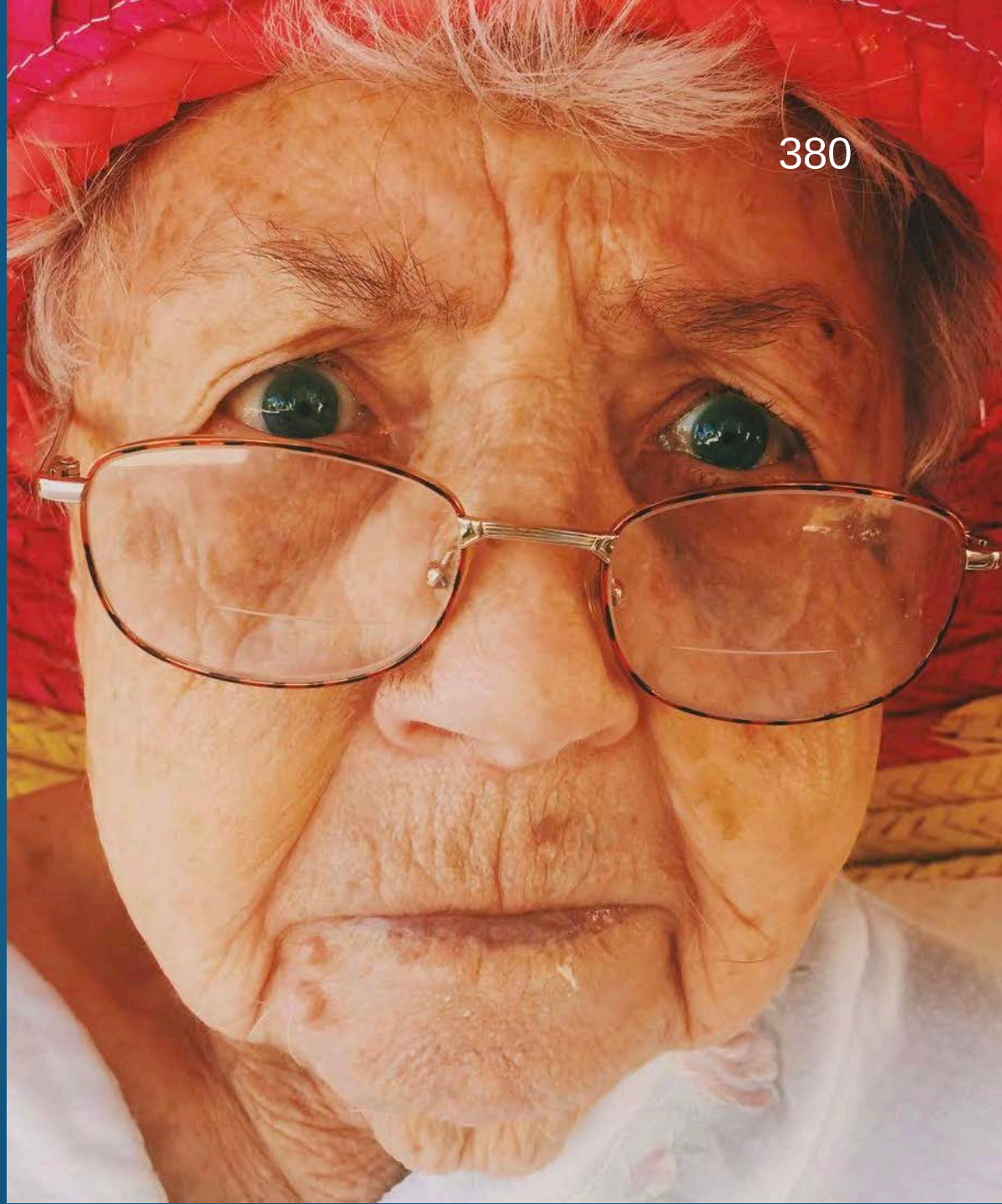
Q: When a resident exhibits a difficult behavior, the first thing you should do is look for the:

a. nurse

b. family member

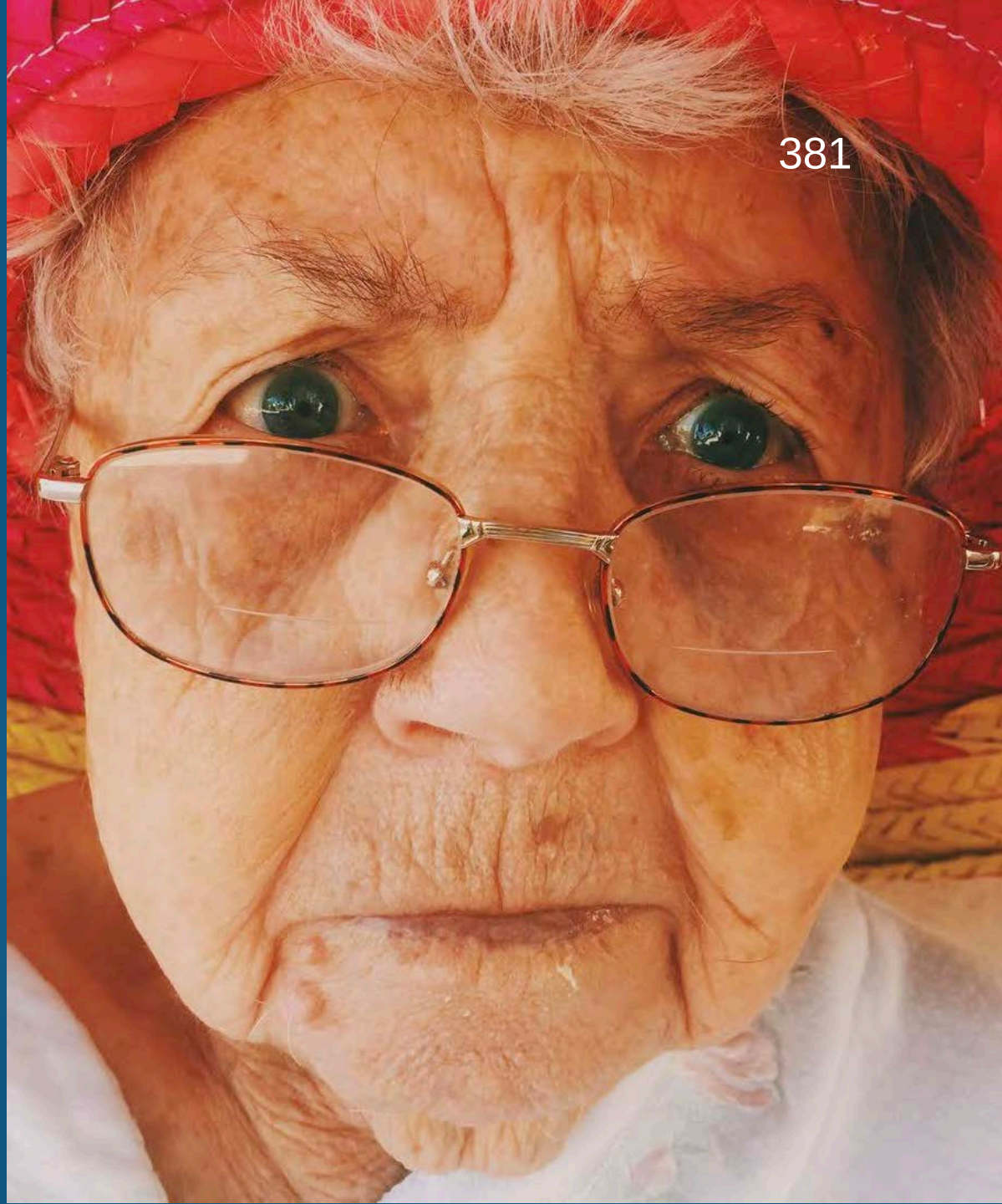
c. reason

d. supervisor



Quiz and Answers

Reason

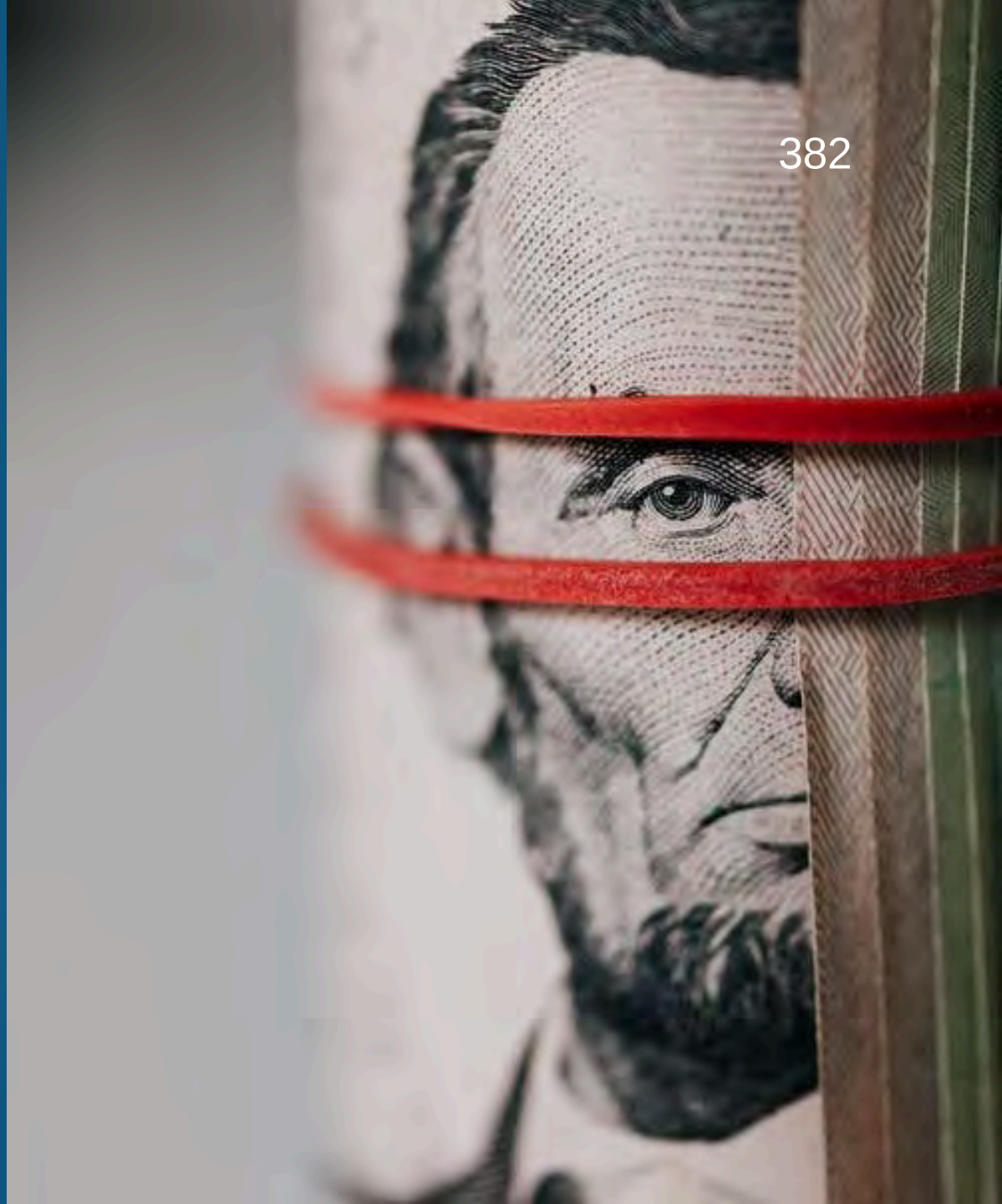


Quiz and Answers

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

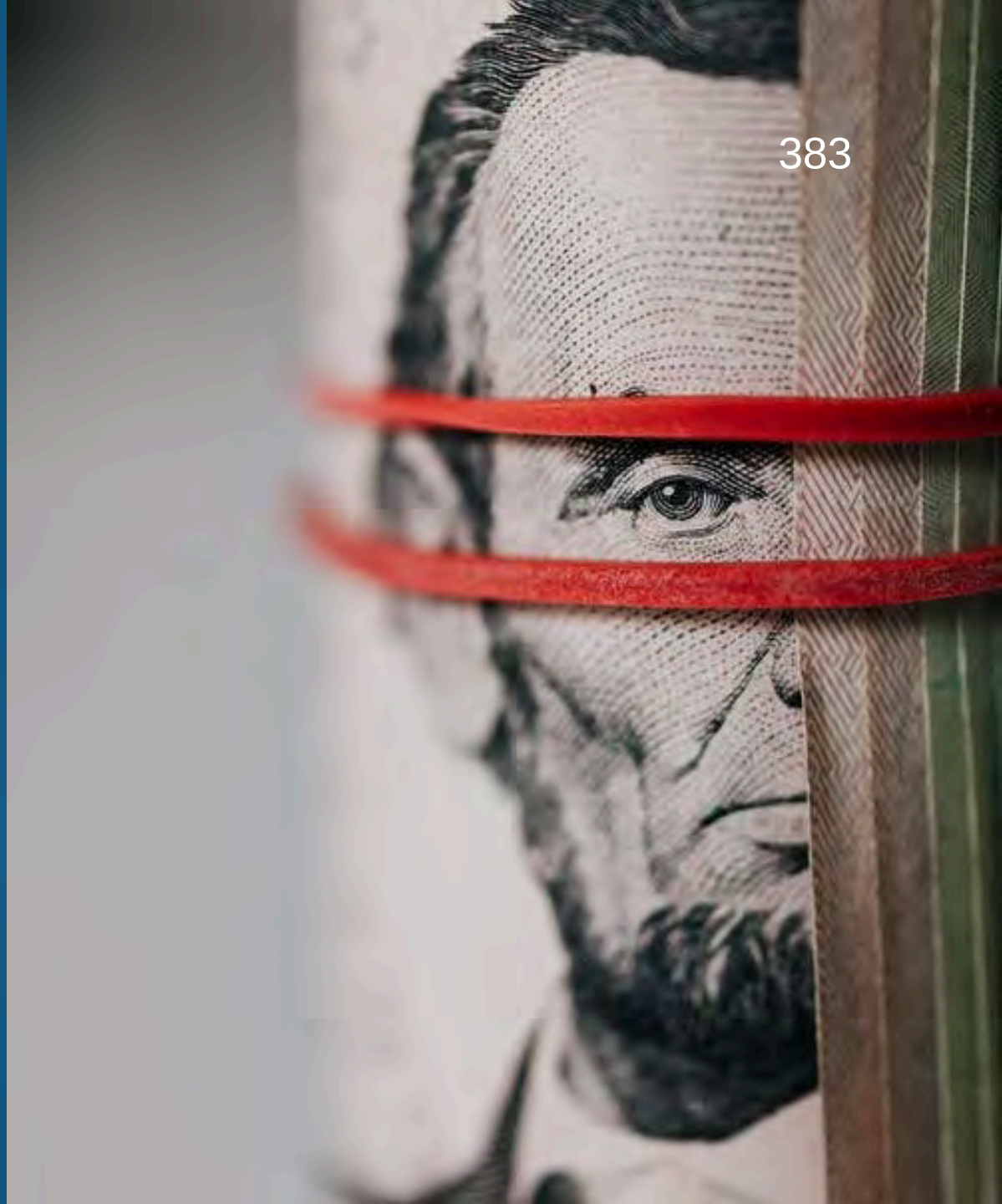
a. True

b. False



Quiz and Answers

False



Quiz and Answers

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

a. True

b. False

Quiz and Answers

False

Conclusion

As our aging population increases, and the baby boomers start to reach their 70's and 80's, more funding and time will be allocated to finding a cure. Until then, we will continue to care for our residents, providing the dignity and safety that they need and deserve.