CHALLENGES IN DEMENTIA CARE
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OBJECTIVES
1. How dementia affects the brain.
2. Common triggers in Long term care (LTC).
3. Alternate interventions to medication for behaviors.
4. Consistent staff response to behaviors.
5. Education to improve staff’s reaction to behaviors.

DEMENTIA
• Is a group of disorders with symptoms that affect a person’s cognitive, physical, and social abilities severely enough to interfere with a person’s daily life.
DEMENTIA EFFECTS DIFFERENT AREAS OF THE BRAIN

- Memory
- Concentration
- Orientation
- Language
- Judgement
- Visuospatial
- Sequencing

COMMON BEHAVIORAL TRIGGERS IN LTC

- Environment
  - Lighting
  - Temperature
  - Smells
  - Noise level
  - Sun downing

- Contrasting Colors
  - Separating floor/walls by contrasting colors
  - Hand rails contrasting from wall color
  - Dark floor tiles
  - Busy floor tile designs
  - Toilet ring (red or dark)
COMMON BEHAVIORAL TRIGGERS IN LTC

• LIGHTING
  • Harsh bright lighting 24 hours a day
  • Poor lighting
  • Night lighting

• Room Layout
  • Cluttered
  • Homey feel
  • Furniture
  • Items easy to assess or reach

• Community/Shared Rooms
  • Dining Rooms
  • Shower Rooms
  • Sensory Rooms
  • Privacy
  • Dignity
COMMON BEHAVIORAL TRIGGERS IN LTC

• Sleep Disturbances
  • Noise
  • Lighting
  • Napping
  • Sleep environment
  • Pain
  • Positioning needs
  • Inactivity/activity
  • Diet

ALTERNATE INTERVENTIONS TO MEDICATION

STOP-LOOK-LISTEN

BASIC NEEDS

• BATHROOM
• HUNGER
• SLEEP
• PAIN
PSYCHOLOGICAL NEEDS

- Anxiety/Fear/Depression
- Impaired Speech
- Frustration
- Confusion
- Boredom
- Autonomy/Privacy

ENVIRONMENTAL

- Caregiver Approach
- Over/Under Stimulation
- Changes from Normal Routine
- Institutional Routine
- Misunderstanding of Events/Setting

DELIRIUM SECONDARY TO MEDICAL ISSUES

- Change of Condition
- Functional Decline
- Altered Mental Status
- Malaise
- Poor PO Intake
- Infections
- Metabolic/Electrolyte Disturbances
- Medication Side Effects
- Chronic Illness
CONSISTENT RESPONSE FROM STAFF

CONSISTENCY MATTERS IN DEMENIA CARE

CONSISTENT ASSIGNMENT IS THE PREREQUISITE FOR PERSON DIRECTED CARE. IT IS A FIRST STEP TOWARD A MORE STABLE WORK FORCE, IMPROVED CLINICAL CARE, AND ENHANCED QUALITY OF LIFE FOR THE RESIDENT.

-David Ferrell

HAND IN HAND

1. Understanding dementia.
2. Communicating with someone with dementia.
3. Actions and reactions to dementia.
4. Making a difference.
5. Defining abuse.
6. Preventing abuse.
HAND IN HAND WEBSITE:

CULTURE CHANGE
Changing the expectation, changes the standard by which we function.

STAFF HUDDLE FOR UNIT
AM HUDDLE
• ALL NURSING STAFF
• UNIT MANAGERS
• ANCILLARY STAFF

PM HUDDLE
• ALL NURSING STAFF
• UNIT MANAGERS
• ANCILLARY STAFF
BEHAVIOR PREVENTION

- Identify Triggers
- Decrease Demands on Residents
- Privacy
- Explain who you are and what you want to do
- Allow extra time for processing
- Do not criticise
- Be positive/praise
- Provide activities

NON-VERBAL

- Eye Contact
- Eye level/sit with them
- Calm voice
- Identify self
- Smile
- Soothing contact
- Be patient
- Laugh with them
- Look for feelings

VERBAL

- Assure resident they are safe
- Speak slowly
- Give time to respond
- Ask 1 question at a time
- Use preferred name
- Ask how can you can help
- Avoid elderspeak
- Tell them what you are doing
- Avoid negative words/actions
- Avoid arguing

NON-VERBAL COMMUNICATION THROUGH SENSES

- Touch
- Sounds
- Smell
- Sight
- Taste
REDIRECTING A BEHAVIOR

- Walk
- Music/dance
- Offer snack/drink
- Take to the restroom
- Go outside
- Look at book/photos
- Talk about things that are familiar to them

SENSORY ROOM

- Soft music
- Soft lighting
- Warm colors
- Homey
- Comfortable
- Magazines/pictures
- Texture touch articles
- Texture pillows/surfaces
- Busy lap board
- Weight blanket
- Soft blanket

OUR SENSORY ROOM
COMMUNICATING WITH AN AGITATED RESIDENT

• Calm soft tone.
• Do not talk negative.
• Do not argue.
• Validate feelings.
• Offer space/Keep distance.
• Limit amount of staff involved.
• Maintain eye contact, talk directly to the resident.
• DO NOT TAKE THE RESIDENT’S ANGER PERSONALLY.

LIFE STORY

• Who are they?
• Where they came from?
• What they did?
• What their family was like?
• Where they lived?
• Names of their children/people involved in life now?
• Likes and dislikes?

THANK YOU

Have a great week!!!