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.
Alzheimer’s Disease

- Progressive disease
- Gradual decline 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 3 stages

Early Stage (Mild)

- Memory loss affects everyday activities
- Difficulty remembering names
- Difficulty following directions
- Disoriented
- Increased moodiness, agitation or personality changes
- Poor judgment and bad decisions
- Difficulty maintaining living spaces, paying bills and managing money

Middle Stage (Moderate)

- Longest
- Restlessness during evening
- Memory loss
- Requires assistance with ADLs
- Problems with communication, ambulation and impulse control
- Behavioral issues
- Bladder and bowel incontinence
- Auditory or visual hallucinations
- Finally requires full-time supervision
**Late Stage (Severe)**

- Terminal stage
- Loses ability to verbalize needs
- Does not recognize self or family
- Becomes bed-bound
- Total dependence
- Body function
- Death

**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 and Alzheimer’s Disease – Key Terms

- Cognition
- Confusion
- Irreversible
- Onset
- Progressive

Dementia and Alzheimer’s Disease – Key Terms

- Dignity
- Independence
- Quality of life
- Respect

Respect, Dignity, Quality of Life

Every human being is unique and valuable

Therefore, each person deserves understanding and respect

Dementia does not eliminate this basic human need – how does person-centered care relate?
Respect, Dignity, Quality of Life

- Abilities, interests and preferences should be considered
- As disease progresses adjustments needed

Important for staff to know who resident was before dementia.

Respect, Dignity, Quality of Life

An individual's personality is created by his/her background

Respect, Dignity, Quality of Life

Encourage residents to participate in activities and daily care, but **avoid** situations where resident is bound to fail.

To promote independence do things with rather than for resident.
Respect, Dignity, Quality of Life
Long-term care facilities must provide care that maintains or enhances 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.

Communicating – Nurse Aide’s Role
Components
communicating – nurse aide’s role

techniques

communicating – nurse aide’s role

strategies

communicating – nurse aide’s role

tips

hello mrs. jackson.
my name is sarah smith and i am going to take care of you today.
Dementia and Alzheimer’s Disease – Behavior Issues

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

Dementia and Alzheimer’s Disease – Behavior Issues

Behavioral responses associated with each stage

- Early stage
- Middle stage
- Late stage

Dementia and Alzheimer’s Disease – Behavior Issues

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
Dementia and Alzheimer’s Disease – Behavior Issues

Behavior is a response to a need
Before choosing a specific intervention, trigger must be identified
Triggers may be environmental, physical, or emotional

Dementia and Alzheimer’s Disease – Behavior Issues

- Effective behavior management
- Changing the environment
- Intervention must meet needs while maintaining respect, dignity and independence

Dementia and Alzheimer’s Disease – Common Behaviors
Wandering

A known and persistent problem behavior that has a high risk factor for resident safety

- Safety risk factors
- Reasons
- Preservation of resident safety and interventions

Sundowning

A behavioral symptom of dementia; refers to agitation, confusion and hyperactivity that begins in late afternoon and builds throughout the evening

Sexual Activity

Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures

- Treat the resident with dignity and respect
- Remove resident from public
- Redirect attention to appropriate activity
- Assist the resident to bathroom
Agitation

Nurse aide must ensure safety and dignity of agitated resident while protecting safety and dignity of other residents.

Disruptive Verbal Outbursts

Are one of the most persistent behaviors in a long-term care facility.

Catastrophic Reaction
Catastrophic Reaction
Catastrophic Reaction

Activities

- Goal — to give support needed so that they can participate in the world around them to the best of their ability
- Must focus on the fact that the resident is involved and satisfied, not on the task or activity

Activity-based care is focused on assisting resident to find meaning in the day, rather than just to keep busy

Activities fall into two categories:

- Doing activities
- Meaningful activities
Activities

Principles of activity-based care

Timing is important and individualized
Cultural environment refers to values and beliefs of people in an area

Nurse Aide Stress and Burnout
The End