N.C. Nurse Aide I Curriculum

MODULE T
Dementia and Alzheimer’s Disease
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 ↓ 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

Hello Mrs. Jackson.
My name is Sarah Smith and I am going to take care of you today.

Tips
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
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
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
Activities

- Timing is important and individualized
- Cultural environment refers to values and beliefs of people in an area
Nurse Aide Stress and Burnout
The End