

N.C. Nurse Aide I Curriculum

MODULE T

Dementia and Alzheimer's Disease

Objectives

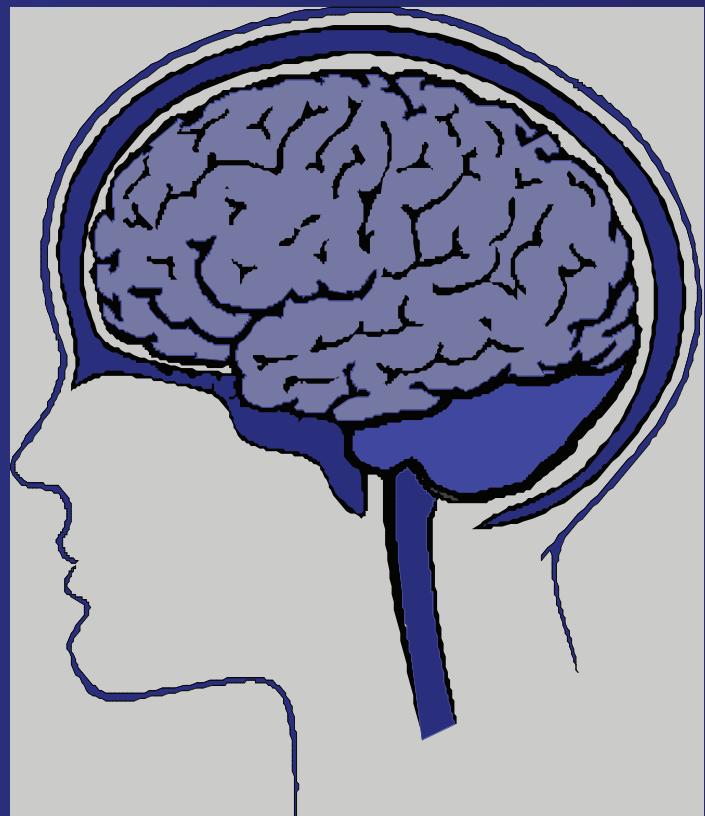
- Define the terms dementia, Alzheimer's disease, and delirium.
- Describe the nurse aide's role in the care of the resident with Alzheimer's.

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

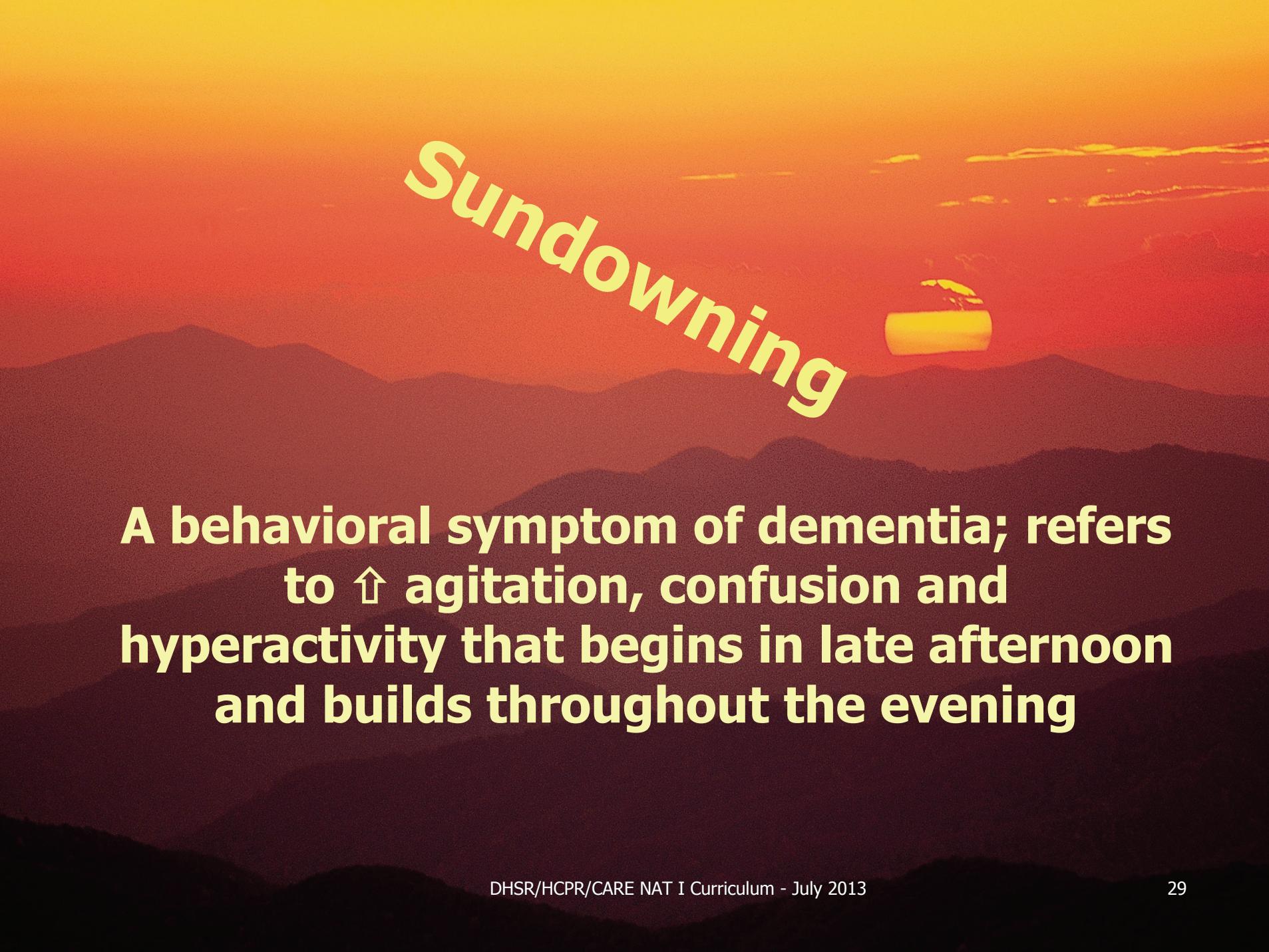


Wandering

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





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



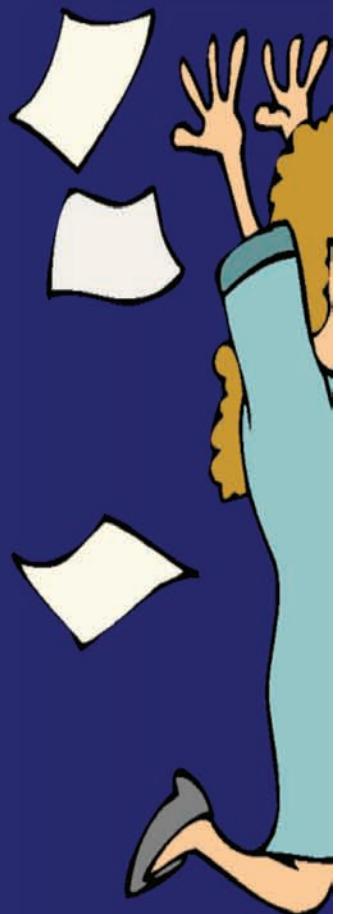
Catastrophic Reaction



Catastrophic Reaction



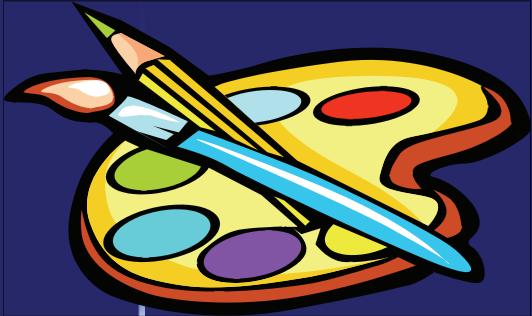
Catastrophic Reaction



Activities

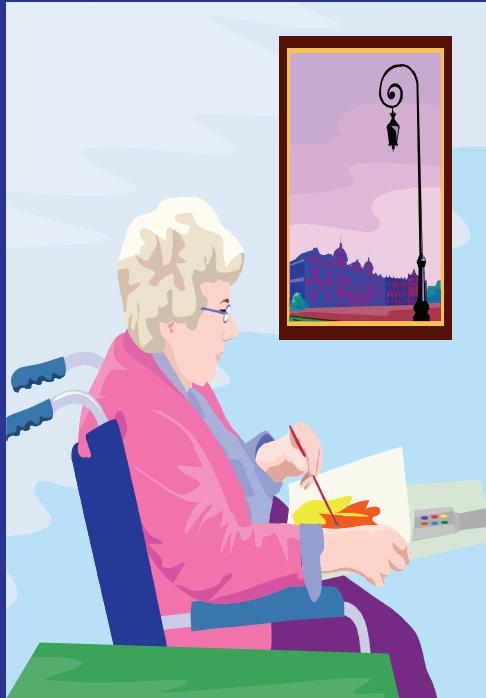
- Goal – to give support needed so that they can participate in the world around them to the best of their ability
- Must focus on the fact that the resident is involved and satisfied, not on the task or activity





Activities

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