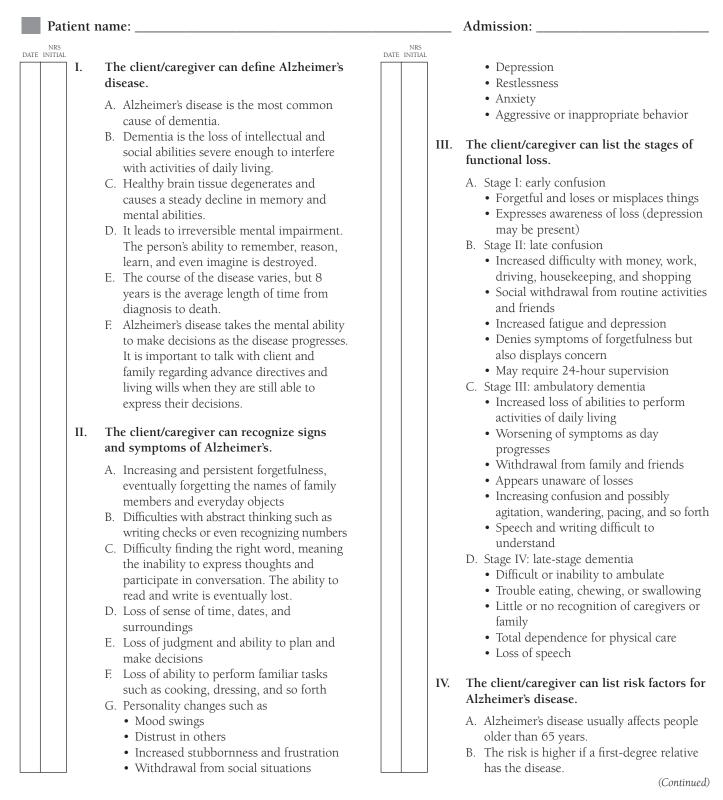
# 1

# Alzheimer's Disease



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V.

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#### NRS DATE INITIAL C. Women are more likely than men to 3. Avoid criticizing, correcting, and develop Alzheimer's disease (partially arguing. because they live longer). D. Lifestyle choices such as poorly controlled them to point or gesture. diabetes, obesity, and inactivity can increase the risks. identify yourself. E. Currently, there is no evidence that any 6. Address the person by name. particular substance is toxic or increases the risk for Alzheimer's disease. 8. Ask one question at a time. F. Other risk factors that are being 9. Avoid quizzing. Reminisce without investigated are as follows: demanding information or • Difference in education levels agreement. • History of head injury • Hormone replacement therapy trying logic and reason to gain acceptance. The client/caregiver can list possible complications in advanced stages. or aggression

- A. People with advanced Alzheimer's disease lose the ability to care for themselves and are prone to additional health problems, such as
  - Pneumonia resulting from difficulty swallowing and possible aspiration
  - Infections mainly caused by urinary incontinence and infections
  - · Falls resulting in fractures or head injuries
  - Prolonged immobility, which increases the risk of blood clots
- VI. The client/caregiver can list possible triggers or causes for behavior problems such as agitation, aggression, and "sundowning."
  - A. Physical discomfort caused by illness, injury, a lack of sleep, or negative reactions to medications
  - B. Overstimulation from noise or busy environment
  - C. Unfamiliar surroundings or people
  - D. Complicated task or unclear instructions
  - E. Change in routine or caregiver
  - F. Frustration caused by an impaired ability to communicate
  - G. Misperceived threats

#### VII. The caregiver can list measures beneficial in care of the client with Alzheimer's disease.

- A. Measures to aid in general communication
  - 1. Use good eye contact, and let them know that you are listening.
  - 2. Allow time for person to think and speak. Do not interrupt.

- 4. If you do not understand speech, ask
- 5. Approach a person from the front, and
- 7. Use short, simple words and sentences.
- 10. Give simple explanations, but avoid
- B. Measures to decrease confusion, agitation,
  - 1. Identify the immediate cause that could have triggered behavior.
  - 2. Respond without anger or taking behavior personally.
  - 3. Limit distractions.
  - 4. Try relaxing activity such as music, massage, exercise, and so forth.
  - 5. Shift focus or try something different.
  - 6. Assess level of danger and act accordingly.
  - 7. Unless the situation is critical, avoid using restraint or force.
  - 8. Create calm environment (modify or move).
  - 9. Avoid noise, glare, distractions, visitors, and so forth.
  - 10. Check for pain, hunger, thirst, full bladder, fatigue, and so forth.
  - 11. Simplify tasks and routines.
  - 12. Provide outlet for energy such as exercise or taking a walk.
- C. Measures to manage confusion 1. Stay calm.
  - 2. Show photos or reminders of
  - important relationships or places.
  - 3. Do not make corrections, but suggest the correct answer.
- D. Measures to reduce "sundowning" (evening agitation and nighttime sleeplessness)
  - 1. Plan active days and discourage afternoon napping.
  - 2. Monitor diet. Restrict sugar and caffeine intake. Serve dinner early and offer a light meal before bedtime.

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### Neurological Disorders/Disease

DATE

Neurological Disorders/Disease

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	3. Allow a person to sleep wherever		
	comfortable. Keep room partially lit to		
	reduce agitation from a dark or unfamiliar place.		
	4. Establish a daily routine, but be		
	flexible when needed.		
	5. Use warm baths, back rubs, aroma-		
	therapy, quiet music, and so forth.		
	E. Measures to promote self-esteem		
	1. Encourage independence.		
	2. Allow time needed for bathing,		
	dressing, eating, and so forth.		
	3. Show acceptance verbally and		
	nonverbally.		
	4. Encourage socialization.		
	F. Measures to promote good nutrition		
	1. Present one course at a time.		
	2. Offer snacks and fluids frequently.		
	3. Give high-calorie, high-fiber,		
	nutritious meals.		
	4. Provide finger foods as needed.		
	<ol><li>Make sure dentures or dental appliances fit properly. Make sure that</li></ol>		
	they are used. Label them to prevent		
	loss.		
	6. Review medications for possible		
	impact on appetite.		
	7. Reduce distractions at meal time.		
	8. Allow plenty of time to eat.		
	9. Choose dinnerware that is without		
	pattern but brightly colored.		
	10. Choose foods that contrast with the		
	color of the plate.		
	11. Be careful when serving hot foods and		
	drinks.		
	G. Measures to use if client is "wandering" or		
	"exit seeking"		
	1. The Alzheimer's Association Safe		
	Return program is designed to help		
	identify people who wander and		
	become lost locally or far from home		
	and return them to caregiver. 2. Many skilled care facilities and long-		
	term care facilities have a specialty		
	unit that is secure, and they have staff		
	with special training to deal with		
	clients with dementia.		
	H. Measures to promote independence in self-		
	care		
	1. Use home safety teaching guide to		
	evaluate environment for safety		
	factors.		
	2. Give assistance only as needed.		

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- 4. Bathing suggestions
  - a. Find a time of day and method of bathing (shower versus tub) that the client prefers. Be flexible, and never force someone.
  - b. Keep bathroom warm and towels convenient.
  - c. Maintain privacy and dignity.
  - d. Explain each step and allow them to participate.
- 5. Dressing suggestions
  - a. Limit choices. Clear closet of rarely worn clothes.
  - b. Provide directions or give cues regarding dressing.
  - c. Do not rush the process.
  - d. Do not argue over selections whenever possible.
  - e. Use clothing that has elastic waists or fabric closure (Velcro).
- 6. Toileting suggestions
  - a. Place sign or picture of a toilet on the door to make it easy to find.
  - b. Observe for signs of restlessness or tugging at clothes that may signal the need to use the bathroom.
  - c. Create a schedule. Take the person to the bathroom before and after meals and every 2 hours in between.
  - d. Use easy-to-open clothing.

## VIII. The caregiver can list resources specific to their needs.

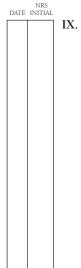
- A. Be informed and learn as much about the disease as possible.
- B. Take care of your own physical and mental health. Signs of caregiver stress are
  - Depressed mood
  - Frequent crying
  - A decrease in energy
  - Sleeping too little or too much
  - Unintended weight gain or loss
  - Increased irritability and anger
- C. Ask friends, family, and others for help when needed.
- D. Join a support group of other caregivers.
- E. Seek counseling or help from clergy.
- F. Connect to referrals for home care agencies, nursing care facilities, respite care, educational seminars, and so forth.

#### (Continued)

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UnintendedIncreased in



## X. The caregiver can list types of in-home care services.

- A. Companion services
- B. Personal care or home health aide services to assist with bathing, dressing, toileting, and exercising.
- C. Homemaker or maid services to help with laundry, shopping, and preparing meals.
- D. Skilled care services can help with medications, treatment, and health assessments.
- E. Adult day care center is a place where the client can be in a safe environment during the day. Planned activities, meals, and transportation are often provided.

### RESOURCES

Administration on Aging www.aoa.dhhs.gov

Centers for Medicare and Medicaid Services www.cms.hhs.gov

Alzheimer's Association 24-hour contact center, 800-272-3900

National Institute on Aging *www.nia.nih.gov* 

Alzheimer's Disease Education and Referral Center www.nia.nih.gov/Alzheimers/

National Association of Adult Day Care www.nadsa.org/adsfacts

Alzheimer's Association Safe Return

A nationwide identification, support, and enrollment program that provides assistance when a person with Alzheimer's disease or a related dementia wanders and becomes lost locally or far from home.

Support group

Respite care

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