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# Alzheimer's Disease

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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- I. **The client/caregiver can define Alzheimer's disease.**
  - A. Alzheimer's disease is the most common cause of dementia.
  - B. Dementia is the loss of intellectual and social abilities severe enough to interfere with activities of daily living.
  - C. Healthy brain tissue degenerates and causes a steady decline in memory and mental abilities.
  - D. It leads to irreversible mental impairment. The person's ability to remember, reason, learn, and even imagine is destroyed.
  - E. The course of the disease varies, but 8 years is the average length of time from diagnosis to death.
  - F. Alzheimer's disease takes the mental ability to make decisions as the disease progresses. It is important to talk with client and family regarding advance directives and living wills when they are still able to express their decisions.
  
- II. **The client/caregiver can recognize signs and symptoms of Alzheimer's.**
  - A. Increasing and persistent forgetfulness, eventually forgetting the names of family members and everyday objects
  - B. Difficulties with abstract thinking such as writing checks or even recognizing numbers
  - C. Difficulty finding the right word, meaning the inability to express thoughts and participate in conversation. The ability to read and write is eventually lost.
  - D. Loss of sense of time, dates, and surroundings
  - E. Loss of judgment and ability to plan and make decisions
  - F. Loss of ability to perform familiar tasks such as cooking, dressing, and so forth
  - G. Personality changes such as
    - Mood swings
    - Distrust in others
    - Increased stubbornness and frustration
    - Withdrawal from social situations

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- Depression
  - Restlessness
  - Anxiety
  - Aggressive or inappropriate behavior
- III. **The client/caregiver can list the stages of functional loss.**
    - A. Stage I: early confusion
      - Forgetful and loses or misplaces things
      - Expresses awareness of loss (depression may be present)
    - B. Stage II: late confusion
      - Increased difficulty with money, work, driving, housekeeping, and shopping
      - Social withdrawal from routine activities and friends
      - Increased fatigue and depression
      - Denies symptoms of forgetfulness but also displays concern
      - May require 24-hour supervision
    - C. Stage III: ambulatory dementia
      - Increased loss of abilities to perform activities of daily living
      - Worsening of symptoms as day progresses
      - Withdrawal from family and friends
      - Appears unaware of losses
      - Increasing confusion and possibly agitation, wandering, pacing, and so forth
      - Speech and writing difficult to understand
    - D. Stage IV: late-stage dementia
      - Difficult or inability to ambulate
      - Trouble eating, chewing, or swallowing
      - Little or no recognition of caregivers or family
      - Total dependence for physical care
      - Loss of speech
  
  - IV. **The client/caregiver can list risk factors for Alzheimer's disease.**
    - A. Alzheimer's disease usually affects people older than 65 years.
    - B. The risk is higher if a first-degree relative has the disease.

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- C. Women are more likely than men to develop Alzheimer's disease (partially because they live longer).
- D. Lifestyle choices such as poorly controlled diabetes, obesity, and inactivity can increase the risks.
- E. Currently, there is no evidence that any particular substance is toxic or increases the risk for Alzheimer's disease.
- F. Other risk factors that are being investigated are as follows:
  - Difference in education levels
  - History of head injury
  - Hormone replacement therapy

### V. The client/caregiver can list possible complications in advanced stages.

- 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.

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3. Avoid criticizing, correcting, and arguing.
  4. If you do not understand speech, ask them to point or gesture.
  5. Approach a person from the front, and identify yourself.
  6. Address the person by name.
  7. Use short, simple words and sentences.
  8. Ask one question at a time.
  9. Avoid quizzing. Reminisce without demanding information or agreement.
  10. Give simple explanations, but avoid trying logic and reason to gain acceptance.
- B. Measures to decrease confusion, agitation, or aggression
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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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, aromatherapy, 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.
  5. Make sure dentures or dental appliances fit properly. Make sure that 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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3. Give verbal cues as needed.
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.

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**IX. 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](http://www.aoa.dhhs.gov)

Centers for Medicare and Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

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

National Institute on Aging  
[www.nia.nih.gov](http://www.nia.nih.gov)

Alzheimer's Disease Education and Referral Center  
[www.nia.nih.gov/Alzheimers/](http://www.nia.nih.gov/Alzheimers/)

National Association of Adult Day Care  
[www.nadsa.org/adsfacts](http://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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