POLICY AND PROCEDURE

TOPIC: Care of the Resident with Dementia

POLICY: Residents admitted to the facility with a diagnosis of dementia will receive holistic care by the Interdisciplinary Team. The care for resident with dementia will reflect a systematic approach that is individualized and resident centered. The residents family and /significant others will be encouraged and invited to participate in the Care Plan Process. The IDT will be guided by best practices and research findings proven to be beneficial for residents with a diagnosis of dementia.

PROCEDURE:

1. Members of the Interdisciplinary Team will be provided with education regarding the special care needs of residents with dementia. The education will be provided upon initial orientation, yearly and as needed to meet the needs of individual residents. This includes but is not limited to:
* CARES Approach (attached)
* Progressively Lowered Stress Threshold Model for decreasing stress (attached)
* Validation Therapy (attached)
* Communication Guides for Individuals with dementia (attached)
1. Residents admitted with a diagnosis of dementia will have a thorough assessment done by the IDT to include:
* Medical history
* Medication history
* Information on diagnostic workup for dementia
* Information regarding the type of dementia
* Detailed information regarding the onset and progression of the disease
* Detailed information about the residents past life experiences
* Information regarding behaviors
* Factors that relieve anxiety and distress
* Factors that cause distress and anxiety
* Preferences for daily routines
* Food preferences
* Music preferences
* Family relationships
1. Members of the IDT will carefully investigate to identify causes and trigger factors for residents that experience behavioral issues secondary to dementia. The investigation will include but is not limited to the following areas of resident care, daily routine and mood state
* Presence of co-existing unstable medical conditions
* Presence of pain, constipation, and or infection
* Adverse consequences related to medication therapy
* Boredom
* Anxiety related to change in routine
* Anxiety related to change in room mate
* Anxiety related to change in caregiver
* Care routines that are not consistent with the resident’s preference
* Personal needs that are not being met such as hunger or thirst
* Fatigue or altered sleep cycle
1. The Interdisciplinary Team will develop a Comprehensive Care Plan that will identify approaches, interventions, therapies, medications that are therapeutic for the individual resident.
2. The Care Plan will identify specific interventions for decreasing targeted behaviors of the individual resident and evaluate the effectiveness.
3. The Resident will dementia will be evaluated and followed by the facility Psychiatrist.
4. The IDT in conjunction with the facility psychiatrist will take all measures to refrain from utilizing anti-psychotic medication.
5. Residents that do require anti-psychotic medications will be followed closely by the IDT and psychiatrist and regular dosage reduction will be attempted as per the directive of the psychiatrist.
6. When residents require the use of antipsychotic medications for behavioral issues related to dementia, the family/significant other will be provided with education regarding the associated risks and the reason for initiation of the medication.
7. The Interdisciplinary Team will take all measures to individualize the approaches and treatment for the resident with dementia. These may include but are not limited to:
* Special Care Plan Meetings with the psychologist, family/significant other and IDT
* Room Identifiers on residents doors
* **“Resident Snapshots”** to allow the IDT to know who this resident is
* Individualized recreational activities
* Music Therapy
* Dance Therapy
* Relaxation Therapy
* Exercise Therapy
1. The Interdisciplinary Team will closely monitor and evaluate Comprehensive Care Plan for the resident with dementia. When established goals are not being met for the individual resident the IDT may consider the following
* The use of the Behavior Tracking Log
* The involvement of Family/significant others
* Outside consulting resources
* Review of the need for inpatient psychiatric care
1. The following principles for caring with the resident with dementia will be fully integrated into the Culture of the Facility, the Comprehensive Care Planning and the Mandatory Staff Education;
* Person Centered Care
* Quality and Quantity of Staff
* Thorough evaluation of new or worsening behaviors
* Individual approaches to care
* Critical thinking related to antipsychotic drug use
* Engage of resident and family/significant other in decision making and care planning
* Interviews and collection of information from all sources regarding the residents special care needs

POLICY AND PROCEDURE

TOPIC: Care of the Resident with Dementia

***THE CARES APPROACH***

***Based on Health Care Interactive Inc.***

 *When interacting with the resident who has dementia effective, meaningful, and kind communication is essential in developing trust and decreasing anxiety. The following guidelines should be followed when interacting with residents who have dementia*:

***Connect with the Resident*** Communicate or do something meaningful with the resident.

* Smile
* Greet the Person
* Use his or her name
* Introduce yourself every time
* Be calm
* Do not rush
* Do not argue

***Assess Behavior*** Ask yourself what the Resident’s behavior means.

* Ask how he or she is doing using their name or how they like to be referred to
* Involve the person in the activity
* Talk about something meaningful in his or her life

***Evaluate what works for this Resident*** Look to see if the resident responds positively.

* Look to see if the resident is comfortable
* When the activity is over help the person into a comfortable position
* Smile and say good bye and use the resident’s name

***Share with others*** Tell the rest of the Care Team what works for this resident.

* Share what you have learned about the resident with other members of the team.
* Inform the Charge Nurse so that the Care Plan can be updated with regards to effective ways to connect with the resident.

POLICY AND PROCEDURE

TOPIC: Care of the Resident with Dementia: **COMMUNICATION GUIDELINES**

1. **Gain attention and trust. Use the residents name to gain his or her attention.**
* *Good morning Larry. It’s time to go for breakfast*
1. **Approach the resident from the front so he or she can recognize you.**  Before delivering your message make direct eye contact and sit if the resident is seated.
* *Maintaining eye contact helps show that you care about the person*
1. **Minimize Distractions** Try to eliminate all unnecessary sources of distraction by both sight and sound. Always ask permission.
* *Frances, can I turn you television off for a little while?*
1. **Lead with the Resident’s Name This shows respect and also helps get the residents attention**
* *Hi John, I’m Mary. Are you ready to play cards today?*
1. **Avoid pronouns.** Pronouns like he it she her them they those can cause confusion for residents with dementia**.**
* *Sheila, when did Arlette leave? (not “she”)*
* *Teddy, can you put your shirt in the basket? (not “it”)*
* *Fred, let’s give the books back to Kim and Lucy , (not “them”)*
1. **Use short sentences.** Long run-on sentences with lots of information will be confusing.
* *Bob, your son will be here soon. (not “Bob it is 2pm your son who lives in New Jersey is coming and will be arriving shortly if the traffic is not bad”.)*
1. **Wait for a response.** The response time for a resident with dementia can be up to 30 seconds. Allow time for the resident to process what you have said and wait for his/her response.
2. **Use Visual or Tactile Cues.** Words alone may not be enough to convey your message
* *While saying “please brush your hair”, demonstrate the movement of the hair brush.*
* *While saying “raise your arm” raise your arm to demonstrate.*
1. **Watch your nonverbal message.** The tone of your voice, volume, body language, and facial expression also send messages when you speak.
* *Keep your volume at a normal level unless the resident is hard of hearing.*
* *Avoid crossing your arms in front of you as this can indicate tension*
* *Remember that a smile is often contagious*
1. **Be Patient, Supportive, and Kind**
* *Whenever possible use additional forms of communication to express support such as touches and smiles. Focus on the residents feelings and empathize with them.*

POLICY AND PROCEDURE

TOPIC: Care of the Resident with Dementia: **DECREASING STRESS DIFFUSING AGGITATION**

Care principles based on the Progressively Lowered Stress Threshold Model. (PLST) and

Validation Therapy

**Behaviors are more likely to occur as the resident’s stress level increases.** These behaviors include:

* Increased anxiety
* Night awakening
* Sun-downing syndrome
* Purposeful wandering
* Confusion and agitation
* Combative behavior
* Resistance

**Sources of stress for the resident include**

* Fatigue
* Noise , confusion
* Television and radio on at the same time
* Too many people
* Too many thing going on at the same time
* Illness
* Hunger, thirst, pain
* Changes in caregiver or routine
* Demands that exceed abilities
* **Negative and restrictive feedback**
	+ - *“Don’t stand up”*
		- *“This is your home”*
		- *“You do not work anymore”*
		- *“Your children are grown up and not in school*”

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TOPIC: Care of the Resident with Dementia: **DECREASING STRESS DIFFUSING AGITATION**

**Interventions to lower stress utilizing Principles of Validation Therapy**

1. Provide the resident with support to enable him/her to do what she is able to do.
2. Provide unconditional positive regard for the resident.
3. Use signs of anxiety and avoidance to identify activities that cause stress for the resident.
4. Listen to the person with dementia. What is the behavior telling you?
5. Modify the environment to support the resident and enhance safety.
6. Use a calm and consistent approach and routine.
7. Do not try to reason
8. Do not ask the resident to try harder
9. Adjust routines
10. Limit choices to ones that the resident can make
11. Reduce or eliminate changes in routines. Residents with dementia find comfort in a known routine.
12. Simplify communication
13. Avoid you are wrong messages
14. Show respect through the use of the Validation Therapy
15. Go with the resident to their reality
16. Validates their feelings in whatever time that is real to them
17. View all behavior as purposeful.
18. Do not confront or argue with the resident’s misbelieve.
19. Do not remind the resident that they forgot something
20. Avoid using But “*But I told you this” “But that’s not yours” “But you just went to the bathroom*”
21. Distract the resident to a different subject or activity
22. Listen carefully to the type and extent of delusions and monitor and report the resident’s level of distress due to the delusions.

*Example of Validation Therapy*

***1.) Resident: Mama is coming to get me.”***

*Don’t say “Mama is dead. She’s been dead for years”*

***Do say: “Mama loves you Mamas a good lady Tell me where Mama lives***

***2.) Resident: “I am going home”***

*Don’t say: You live here now your house is sold*

***Do say: “It’s too late to go home now Stay here with me.***