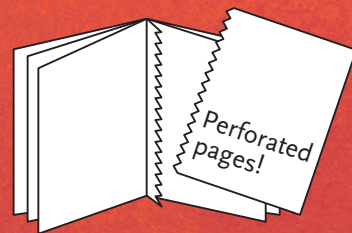


In-Service Education WORKBOOK 3

SECOND EDITION

by Hartman Publishing, Inc.

Alzheimer's Disease
Dignity
Diabetes
Restraints and Restraint Alternatives
Abuse and Neglect
Death and Dying
Managing Stress



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Caring for the Person with Alzheimer's Disease

(3 credits)

After completing this section, the student should be able to do the following:

1. Describe dementia and define related terms
2. Describe the progression Alzheimer's disease may follow
3. Identify helpful attitudes when caring for people with Alzheimer's disease
4. List strategies for better communication with people who have Alzheimer's disease
5. List and describe interventions for difficult behaviors related to Alzheimer's disease

1. Describe dementia and define related terms

Dementia is a general term that refers to a serious loss of mental abilities such as thinking, remembering, reasoning, and communicating. As dementia advances, these losses make it difficult for a person to perform activities of daily living (ADLs) such as eating, bathing, dressing, communicating, and toileting. Dementia is not a normal part of aging.

Here are some terms that are related to dementia:

Progressive: Once they begin, progressive diseases advance. They tend to spread to other parts of the body and affect many body functions.

Degenerative: Degenerative diseases get continually worse. They eventually cause a breakdown of body systems. They cause a greater and greater loss of mental and physical health and abilities. Degenerative diseases can cause death.

Onset: The onset of a disease is the time when the signs and symptoms begin.

Irreversible: An irreversible disease or condition cannot be cured. Someone with irreversible dementia (like Alzheimer's disease) will either die from the disease or die with the disease.

The following are a few of the common causes of dementia:

- Alzheimer's disease
- Multi-infarct or vascular dementia (a series of strokes causing damage to the brain)

- Lewy body dementia (abnormal structures, called Lewy bodies, develop in areas of the brain, causing a variety of symptoms)
- Parkinson's disease
- Huntington's disease (an inherited disease that causes certain nerve cells in the brain to waste away)

2. Describe the progression Alzheimer's disease may follow

Alzheimer's disease (AD) is a progressive, degenerative, and irreversible disease and is the most common cause of dementia in the elderly. AD causes tangled nerve fibers and protein deposits to form in the brain, eventually causing dementia. There is no known cause of AD, and there is no cure. People with Alzheimer's disease will never recover. They will need more care as the disease progresses.

Symptoms of Alzheimer's disease appear gradually. It generally begins with memory loss. As the disease progresses, the symptoms get worse. People with AD may get disoriented. They may be confused about time and place. Communication problems are common, and mood and behavior change. Alzheimer's disease progresses to complete loss of all ability to care for oneself. The person eventually requires constant care in most cases.

Each person with Alzheimer's disease will show different signs at different times. For example, one person with AD may continue to read, but not be able to use the phone. Another may lose the ability to read, but can still do simple math.

Skills a person has used often over a lifetime are usually kept longer. Thus some people with Alzheimer's disease can cook or play an instrument with some help long after they have lost much of their memory (Fig. 1-1).



Fig. 1-1. Even when a person loses much of her memory, she may still keep skills she has used her whole life.

Alzheimer's disease generally progresses in stages. However, each person with Alzheimer's disease may not experience the same symptoms. The Alzheimer's Association (alz.org) identifies seven general stages of Alzheimer's disease, based on a system developed by Barry Reisberg.

Stage 1 - No impairment: At this stage, the person does not show problems with memory loss or other symptoms. No signs of impairment are found during a medical examination.

Stage 2 - Very mild decline: At this stage, the person has mild cognitive loss, which could be due to normal changes of aging or could be the earliest signs of Alzheimer's disease. There may be some memory loss, and the person may forget some words and the location of familiar objects. However, the person's medical examination does not show symptoms, and friends and family members may not notice any symptoms.

Stage 3 - Mild decline: During this stage, people close to the person begin to notice some changes. A medical examination may show problems with memory and concentration. Other problems in this stage include the following:

- Difficulty finding the right word or name
- Trouble remembering people's names
- Increasing difficulty with functioning in social and work environments
- Forgetting material that one has just read

- Losing or misplacing objects
- Difficulty with planning or organizing

Stage 4 - Moderate decline: At this stage, the person's medical examination shows clear problems, such as the following:

- Forgetting recent events
- Problems doing more complex arithmetic
- Trouble performing more involved tasks, such as managing finances
- Forgetting some of one's own past experiences and background
- Being moody or withdrawn

Stage 5 - Moderately severe decline: At this stage, cognitive impairment is noticeable. The person starts to need help with some daily activities. Symptoms include the following:

- Inability to recall one's own address, phone number, and other personal details
- Confusion about time and place
- Problems doing less complex arithmetic
- Needing help with some ADLs, such as choosing clothing appropriately

However, the person can often remember many important personal details and usually does not require help with other ADLs, like eating or toileting.

Stage 6 - Severe decline: During this stage, memory loss and other problems worsen. More help is needed with daily activities. Symptoms include the following:

- Forgetting recent events, as well as not being aware of surroundings
- Forgetting one's own past experiences and background (may be able to remember name)
- Having trouble recalling the name of a family member, close friend, or caregiver
- Needing more help with ADLs, such as dressing and toileting
- Trouble controlling bladder or bowels
- Having disruptions in sleep patterns

- Experiencing significant changes in personality and behavior (having delusions, being suspicious, showing compulsive behavior, wandering, or becoming lost)

Stage 7 - Very severe decline: In the final stage of AD, a person may be unable to communicate with others, control movement, or respond to his or her surroundings. The person needs significant help with ADLs, including eating and toileting. Muscles become rigid and reflexes are abnormal. The person will have difficulty swallowing.

3. Identify helpful attitudes when caring for people with Alzheimer's disease

These attitudes will help nursing assistants (NAs) or home health aides (HHAs) give the best possible care to people with Alzheimer's disease:

Do not take things personally. Alzheimer's disease is a devastating mental and physical disorder. It affects everyone who cares for the person with AD. People with Alzheimer's disease do not have control over their words and actions. They may often be unaware of what they say or do. A person with AD may not recognize a caregiver or do what he is supposed to do. He may ignore, accuse, or insult staff members. When this happens, it is important to remember that the behavior is due to the disease.

Be empathetic. It is helpful if the NA/HHA thinks about what it would be like to have Alzheimer's disease. She can imagine being unable to do ADLs and being dependent on others for care. It would be very frustrating for anyone to have no memory of recent events or to be unable to find words for what they want to say. NAs/HHAs should assume that people with AD have insight and are aware of the changes in their abilities. They should treat people with AD with dignity and respect.

Work with the symptoms and behaviors noted. Each person with Alzheimer's disease is an individual. People with AD will not all show the same symptoms at the same times (Fig. 1-2). Each person will do some things that others will never do. The best plan is to work with the behaviors that are seen on any particular day.

For example, a person with Alzheimer's disease may want to go for a walk one day, when the day before he did not want to go to the bathroom without help. If it is allowed, the NA/HHA should try to go for a walk with him. Caregivers should notice and report changes in behavior, mood, and independence. They should also take an interest in each person for whom they care. Knowing a person's dislikes and likes helps manage behavior.

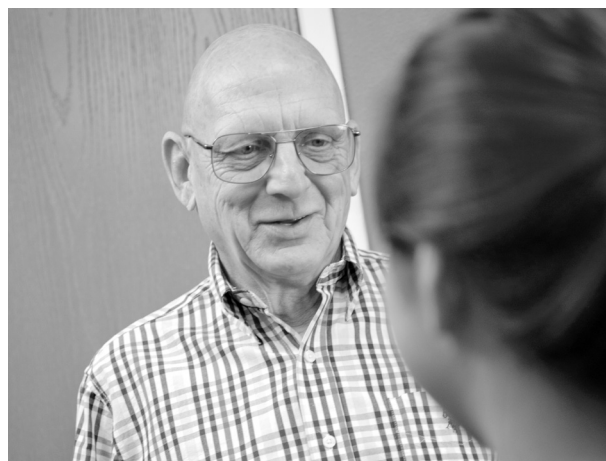


Fig. 1-2. Each person should be treated as an individual. The NA/HHA should work with the signs and symptoms that she sees.

Work as a team. Symptoms and behavior change daily. When NAs/HHAs observe and report carefully to all team members, as well as listen to others' reports, it can help the care team develop solutions. Caregivers are in a great position to give details about the people for whom they care. Being with people with AD often allows the caregivers to be experts on each case. NAs/HHAs should make the most of this opportunity. People with AD may not be able to recognize or distinguish between aides, nurses, or administrators. All staff members should be prepared to help when needed.

Be aware of difficulties associated with caregiving. Caring for someone with dementia can be physically and emotionally exhausting, as well as incredibly stressful. NAs/HHAs should take care of themselves so they can continue to provide the best care (Fig. 1-3). Being aware of the body's signals to slow down, rest, or eat better is important. Each caregiver's feelings are real; they have a right to them. Mistakes should be viewed as learning experiences. Unmanaged stress can cause physical and emotional

Caring for the Person with Alzheimer's Disease

Exam

Multiple Choice. Circle the letter of the correct answer.

1. The most typical first sign of Alzheimer's disease is
 - (A) Complete loss of the person's ability to care for himself
 - (B) Problems communicating with others
 - (C) Loss of ability to do simple math
 - (D) Memory loss
2. Which of the following statements is true of Alzheimer's disease?
 - (A) Alzheimer's disease can be cured with certain medications.
 - (B) Generally speaking, a person with Alzheimer's disease needs less care as the disease progresses.
 - (C) Alzheimer's disease results from a hardening of the arteries.
 - (D) Each person with Alzheimer's disease will show different signs at different times.
3. When a resident/client with AD is frightened, the NA/HHA should
 - (A) Speak in a room where the television is on
 - (B) Check her body language to make sure she is not tense or hurried
 - (C) Use longer sentences
 - (D) Not tell the person what she is going to do
4. Which of the following is true of dementia?
 - (A) Alzheimer's disease is not the only possible cause.
 - (B) It is a normal part of aging.
 - (C) It is caused by a poor diet.
 - (D) A person with dementia can never perform activities of daily living.
5. When a resident/client with AD shows memory loss, the NA/HHA should
 - (A) Repeat herself using the same words
 - (B) Tell the person that she already answered that question
 - (C) Remind the person every time she forgets something
 - (D) Give the person a long list of instructions to review
6. If a resident/client with AD has lost most of his verbal skills, the NA/HHA should
 - (A) Assume the person cannot understand what is being said
 - (B) Use touch, smiles, and laughter
 - (C) Ask the person questions
 - (D) Not involve the person in activities because it will only frustrate him
7. A helpful way for an NA/HHA to respond to hallucinations is to
 - (A) Tell the resident/client that what she thinks she sees is not real
 - (B) Tell the resident/client that she can see the hallucination too
 - (C) Reassure a resident/client who is upset and worried
 - (D) Laugh at the resident/client to ease tensions and get her to laugh