

Nurse Aide/VIP

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Some goals of end-of-life care for terminal cancer patients

Residents who are dying from cancer have unique needs. At this point in the disease process, working for a cure has turned to making life more comfortable for residents. The focus is on helping the person enjoy as much of each remaining day as possible.

Pain management

Pain is a fact of life for most people who have terminal cancer. Pain can come from nerve damage caused by a tumor, from the aftereffects of chemotherapy and radiation treatments, or from tests or surgeries that have been or are being done. Controlling pain is perhaps the single most important thing staff members can do to help residents get the most possible enjoyment out of every day. The entire staff will work together to help the resident meet pain management goals. Doctors and nurses will provide pain medication, but as a nursing assistant, you can also help by doing things that soothe the resident, such as giving a gentle back rub. You can also encourage the resident to tell you when he or she is in pain. There is no need for the person to suffer.

Infection control

People with advanced cancer are more likely to get infections, from pneumonia and urinary tract infections to abscessed wounds. Such infections will lead to unnecessary pain for the resident and should be prevented whenever possible. Skin care will be especially important, and staff members should take care to shift the resident's position often when he or she is in bed to reduce the risk of pressure ulcers (bed sores) that could easily become infected.

Good nutrition

A proper diet will help keep the resident's strength up for the days ahead. Eating healthy can also help control some of the negative effects of the medications the resident may be taking. Favorite foods also can give residents a lot of enjoyment and comfort, and mealtimes provide an excellent occasion for family visits and spending time together.

Above all, people who have terminal cancer will need and want to feel in control of their care and their decisions. If the resident mentions something that would make him or her more comfortable or happy, the staff should do all it can to make it happen. These may well be a dying person's last wishes, and it is important to do your best to honor them. ■

College freshmen and new residents have things in common

This time of year, college students are moving out of their life-long homes, often forced to cram all their belongings into a tiny room in a residence hall—a room they may even have to share with someone they have never met.

Much the same situation occurs for elders who are moving into a long-term care or assisted living facility. Familiar belongings, familiar routines, and privacy are sacrificed in the name of communal living. Because the two situations are so similar, some of the advice given to college freshman is also well suited to the “freshmen” residents of your facility—those who have recently moved in and are making the many adjustments to facility life.

Tip #1: Keep expectations realistic. When residents and family members ask what life will really be like in the facility, answer their questions as honestly as possible. Certainly, you want the facility to seem like a great place to be, but you also don’t want new residents to feel disappointed if things aren’t quite what they expected.

Tip #2: Decorate. New residents who already feel displaced and far from home will only feel lonelier if their rooms are empty and barren. Advising new residents and their families to bring those special touches—a familiar bedspread, framed photos, shelves for displaying personal knickknacks—is key to helping them get used to facility life.

Tip #3: Make a big deal out of the resident’s moving in. Welcoming committees, balloons in the



room, even a “move-in buddy” to show new residents around are time-honored tricks as useful in long-term care facilities as in college dorms. As a nursing assistant, you can do a lot to make new residents feel welcome and special. Do not let several days go by before stopping in to introduce yourself. Make sure new residents feel involved in facility life right away by helping them get to know you, other staff members, and other residents.

Tip #4: Show the resident around. New residents spend much of their first day getting settled in their rooms, but after that, there is a whole facility to explore. Take an active part in showing residents where the main things are: the dining hall, restrooms, vending machines, activity rooms, and anything else of interest. Residents may not go out to find these things on their own.

Special tips for roommates

If your facility is one in which residents have roommates, they may need extra help adjusting to living with one another. Suggest that they try the following:

► **Communicate with each other.** It can be helpful from the

When residents ask what life will be like in the facility, answer honestly

start if new roommates talk to one another about the things that are important to them, be they sleeping times, weekly family visits, or respect for one another’s belongings.

► **Set the room’s boundaries.** Privacy is important for everyone, and extremely so for residents who share rooms. Setting up a common area for both roommates to share as well as a private area for each roommate can go a long way in helping people get used to living together. If residents are allowed to bring in furniture and belongings, suggest a tri-fold room divider to give a bit of extra privacy. These can be purchased with photo frames in them, allowing roommates to personalize their side of the divider with photos of their own families.

► **Suggest that roommates have a calendar** on which they can jot down things like when they will be having visitors, when a favorite show comes on TV, and so on. Knowing each other’s schedules can help roommates get along.■

Answers to quiz, p. 8

- | | |
|----------|----------|
| 1. True | 6. A |
| 2. False | 7. B |
| 3. A | 8. False |
| 4. True | 9. D |
| 5. True | |

Prevent choking and aspiration during mealtimes

Most of us taking chewing and swallowing for granted, but for people who have survived a stroke or have conditions such as Parkinson's disease, multiple sclerosis, or advanced dementia, eating can become difficult and dangerous. The muscles of the mouth and throat don't always work the way the person expects them to, so the person can inhale fluids or bits of food.

The obvious danger of inhaling food and fluids is that the resident could choke. But even if choking doesn't happen, that small chunk of food that gets stuck in the lungs can cause an infection called aspiration pneumonia. This is a common cause of death in people with advanced dementia.

A small chunk of food that gets stuck in the lungs can cause an infection

For residents who have trouble chewing and swallowing, do the following to make mealtimes more pleasant for them and to reduce the risk of choking.

Make sure the meal is served in a calm, quiet setting so that residents are not startled or distracted and can concentrate on eating.

Never make the resident feel rushed during mealtimes.

Give the resident a smaller spoon (or if you are feeding the resident, use a smaller spoon) so

that bites of food will be smaller and easier to swallow.

Have the resident drink from a straw to control how much liquid is taken into the mouth.

Have the resident sip water and

rinse his or her mouth before eating to moisten the mouth and make swallowing easier.

Help the resident cut foods into smaller pieces to make chewing and swallowing easier.

Signs of trouble

How do you know if a resident has chewing or swallowing problems? The following are a few signs of which you should be aware:

- ▶ Chewing and swallowing seem to take a lot of effort.
- ▶ The resident eats very slowly.
- ▶ Every bite of food seems to require several tries at swallowing.
- ▶ The resident packs food into his or her cheeks instead of swallowing.
- ▶ The resident seems short of breath when eating.
- ▶ Mealtimes bring about a lot of coughing.
- ▶ The resident drools while eating.
- ▶ Fluid comes out of the resident's nose after he or she swallows.
- ▶ Mealtimes are followed by bouts of coughing.

Make sure residents are fully awake and alert before they begin to eat

Serve soft, moist foods instead of dry foods whenever possible. If there is bread, for instance, make sure it is buttered or dipped into sauce or soup to make it easier to chew and swallow. Avoid sticky foods, such as dumplings, that may be hard to swallow.

Take the skins off of meats such as chicken before serving them.

Make sure residents are sitting fully upright when they eat and that their chins are slightly down to help prevent choking.

Make sure residents are fully alert and prepared for the meal before they begin to eat.

Make sure residents have chewed and swallowed their last bite of food when they are done eating.

Do not let residents lie down immediately after they eat. They should remain sitting for 20 to 30 minutes after eating, if possible, to prevent aspiration. ■

Alzheimer's caregiving

Preventing frustration for Alzheimer's residents

It is possible to improve the daily life of residents with Alzheimer's disease by taking steps to keep them from getting frustrated. The following are some key things to keep in mind.

Keep surroundings simple

People with Alzheimer's disease get overwhelmed easily. When their surroundings get too busy, they often react with frustration.

- Keep background noise, such as TVs or radios, turned off unless the resident is watching or listening.
- Whenever possible, prevent startling noises, such as intercom systems or car alarms.
- Limit visitors to small groups, and only for as long as the resident can tolerate them. Small, quiet crowds are usually better

for residents than large, noisy ones.

- Have residents spend time in rooms that are calm and comforting. Soft colors and a few familiar items, such as family photos, will help soothe residents.

Having a conversation with a person who has Alzheimer's is an art in itself

Communicate in a way residents can understand

Having a conversation with a person who has Alzheimer's is an art in itself. Try the following:

- Speak clearly. Take time to face the resident, make eye

contact, and speak without mumbling.

- Think before you speak. Rambling thoughts are sure to confuse a person with Alzheimer's.
- Use short, simple sentences. Speaking more than a few words at a time can leave residents thinking about the last thing you said but forgetting what came first.
- Combine different ways to help get your message across. Use facial expressions, hand gestures, and tone of voice in addition to words. The resident might not fully understand what you say but might be able to understand your basic message from your face and your body language.
- Along the same lines, make sure your tone of voice and your body



Falls may be linked to elders' mental status

Many things affect how steady your residents are on their feet. Balance and strength are obviously important, but a study in the March issue of *Neuropsychology* showed that dementia increases the risk of falls even in people with good strength and balance.

Walking actually takes a lot of concentration. Our brains must manage the physical skills necessary—moving the legs, staying balanced—along with many other details, such as avoiding obstacles and remembering where we are going. For healthy adults, these things are automatic, but for the elderly with dementia or other types of mental decline, it can be too much for the brain to handle all at once. If an elder with dementia gets confused, startled, or overwhelmed while walking, falls are likely to happen.

Caregivers should know this about their residents who have dementia. When these residents are walking, it will be very helpful for them to have a calm, quiet environment in which to do so. Crowded, noisy areas may create too much distraction for residents and could lead to falls. If residents must walk in such surroundings, it may be a good idea to make sure a staff member goes along.

language match your message. Residents often pick up on anger or frustration from their caregivers, so if you have such feelings, do not let them show.

Remember that residents' behaviors are their way of telling you something. Respond to every behavior like a puzzle—what might the resident want or need? What does he or she want you to know or understand? When you see screaming or shouting as a message instead of an annoying behavior, you'll have a head start on responding to the underlying need.

Use each person's strengths

Alzheimer's disease affects people in many ways, but your residents still will have things they can do especially well.

Because success leads to satisfaction with life, make sure to give all your residents opportunities for success every day.

□ Allow residents to do as much of their own care as possible. They may be able to brush their teeth if someone else puts the paste on the brush for them, for instance. Let them do so.

□ Let residents continue to do hobbies they are still good at. These could be playing an instrument, gardening, drawing, or many other things. Familiar hobbies (even adapted to present skills) give residents opportunities to feel good about themselves.

Expecting too little of residents can be as frustrating as expecting too much

□ Focus on residents' abilities, not their losses. Train yourself to get away from thinking



Despite the effects of Alzheimer's, residents will still have things they do well. (AoA Photo)

about what residents won't be able to do, and instead remind yourself what they will be able to do. Expecting too little of them can be as frustrating as expecting too much.

□ Remember that residents' abilities will change over time and even from day to day. Be flexible and get to know residents' moods so you will know if you might be demanding too much of them on any given day. ■



What would you do?

George has Alzheimer's disease. He goes to bed every night at 8 p.m. without struggle, and sleeps wonderfully—until 3 a.m., when he wakes up, puts on his clothes, and declares he is ready for breakfast. What would you do?

George's nighttime routine may not be as unusual as it seems. It actually may be the result of the staff's habits, not George's. Most adults only need about seven or eight hours of sleep each night to feel rested. When George goes to bed at 8 p.m., he wakes up about 7 hours later—at 3 a.m.—feeling rested and ready to go after what, to him, is a full night's sleep. And if George is in the habit of taking an afternoon nap, it may only make the problem worse.

The staff may simply need to make some changes to George's schedule. Cutting out naps and keeping him up later in the evening will likely help him sleep longer, possibly to a more reasonable 6 a.m. Keeping him occupied throughout the day with exercise and activities appropriate for his degree of dementia will also help (and are a good thing for caregivers to do with residents anyway). It may take a few nights for George to get used to the new routine, but the results will be worth it.

How clean are your hands?

Of all the things that can get you sick, your hands are the biggest culprits. Keeping your hands clean is the single best way to prevent catching an illness or spreading illness to others.

Fortunately, clean hands are an easy solution. Unfortunately, far too few of us wash as often and as well as we should.

When should you wash?

Before you...

- touch a resident.
- touch your face, even to rub your eyes or scratch your nose.
- prepare food for yourself or anyone else.
- eat anything.

After you...

- touch a resident.
- eat.
- use the restroom.
- handle garbage.
- sneeze, cough, or blow your nose.
- touch an animal.
- tend to anyone who is sick.

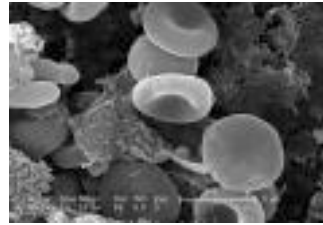
Whenever your hands are visibly soiled

How should you wash?

When washing with soap and water, rub soap on your hands for at least 15 seconds. Make sure all the surfaces of your hands, including the wrists, the backs of the hands, between the fingers, and under the fingernails, get washed. It is not enough to rub soap quickly just on the palms.

After washing, dry your hands with a disposable towel and use the towel to turn off the faucet.

If your hands are not visibly soiled, you can use an alcohol-based hand rub to clean them. This often is a good alternative for busy healthcare professionals because it takes less time and may encourage you to clean your hands more often. Just make sure you use enough of the hand rub to do the job, and apply it to all surfaces of your hands, including between the fingers. Also, hand rubs should not be substituted for soap and water if you've just used the restroom or handled something such as soiled linens or raw meat. ■



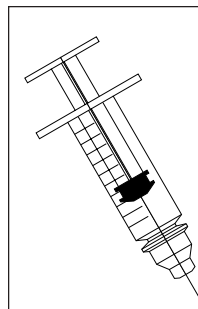
Anemia: A silent disease

Do any of your residents complain of feeling cold, tired, or short of breath? Do they have pale skin? Difficulty sleeping? A decrease in appetite? Do they get dizzy easily? Feel sad or depressed? If so, they may have anemia.

Yet, many if not most of your residents likely have some or all of these symptoms on a regular basis. The symptoms of anemia are so general that they occur with many diseases and conditions common to the elderly. So anemia is often overlooked. And left untreated, anemia is likely to get worse.

Anemia is caused when the body does not have enough red blood cells—the type of blood cells that carry oxygen to the organs of the body. Without oxygen, the body doesn't have energy. The heart also must pump harder to keep the red blood cells that do exist circulating. People with anemia thus feel tired physically and mentally. Anemia can take a huge toll on quality of life by sapping the body's strength to get out and do things, or even to get things done around home.

If residents complain of feeling unusually tired or weak, or if you notice that their skin, lips, gums, fingernail beds, and/or palms look abnormally pale, you should mention this to a nurse. Because of your close contact with residents, you may be likely to notice signs of anemia, such as pale gums, that others could miss. ■



Fast fact

About one in 10 nursing home residents in the United States has anemia, according to the National Nursing Home Survey. The highest prevalence is in men age 85 and older.

Motivator

When was the last time you truly played? If you can't remember, it's been way too long.

Play has long been recognized as a fundamental part of children's growth and development. It's how they learn about the world, develop new interests, and make friendships. But these needs don't go away when we reach adulthood. People who still play as adults tend to be happier, more physically active, and more well-rounded and have better social networks.

If you haven't played lately, get out and do it. Try a new sport or hobby or revive an old one. You will be a more interesting person for it, which will also improve the way you interact with residents at work. ■

Health tip

You're working hard, perhaps working late, and that vending machine is humming away in the corner of the staff room, tempting your rumbling stomach with rows of tasty little snacks. Dropping a once-in-a-while quarter in the slot won't do you much harm. But if you find yourself making vending visits at least once per shift, or worse, if the machine has become your regular source for your mid-shift meal, it may be time to make a change for better health.

If you're an occasional snacker, try to choose snacks with more protein and less fat, and go light on the sugar. Wash down a bag of Skittles with a 16-ounce Coke and you'll be suffering a major sugar crash in about half an hour. Instead, pick the trail mix, the jerky, even the pack of crackers, and opt for water or juice over soda.

If, on the other hand, the vending machine is where you buy lunch every day, some major changes may be in order. You have a demanding job, and you should demand a better diet for yourself. Train yourself to pack healthy, on-the-go meals to bring to work—things you will enjoy eating and that won't make you miss your old vending machine ways. Use snack machines just for that—snacks. ■

News Briefs

Eating fish may improve residents' eyesight



(Photo: National Eye Institute)

If fish is on the facility's meal menu this month, encourage your residents to order it. Scientists at the Massachusetts Eye and Ear Infirmary in Boston have discovered that people who eat a lot of fish—especially fish rich in omega-3 fatty acids, such as salmon—not only have healthier hearts and brains but healthier eyes. Omega-3 fatty acids seem to help prevent macular degeneration, the most common cause of blindness in elders. Macular degeneration affects 6 to 8 percent of people older than 75. It causes blurring in the center of the field of vision, which often leads to eventual blindness. But two studies published in July 2006 in the *Archives of Ophthalmology* showed that people who ate fish once or more per week for the study period of five years reduced their risk of macular degeneration by 40 percent. So when residents are deciding between the pork chops or the salmon, suggest they try the salmon.

Humid weather linked to heart attacks

Live somewhere humid? The climate may be putting residents at risk for a heart attack. A study conducted in Athens, Greece, and published recently in the journal *Heart* showed a strong link between humid climates and heart attacks in people age 70 and older. The link remains even in places where temperatures are mild. It seems humidity, not heat alone, causes the greater risk.

But the study did show, however, that several days of high temperatures in humid climates increased risk of heart attack. In short, if your facility is in a humid area, it may be a good idea to keep residents out of hot, humid conditions as much as possible. ■

Quiz yourself

Quiz on key topics in this issue

1. **True or false:** Controlling pain is perhaps the one most important thing staff members can do for a person with terminal cancer.
2. **True or false:** New residents in your facility should be ignored when they move in so they are forced to show themselves around and meet new people.
3. **Which of the following is NOT recommended to help residents who have trouble chewing and swallowing?**
 - a. Have them lie flat on a bed when they are eating.
 - b. Make sure they are fully awake and alert before they begin to eat.
 - c. Serve meals in calm, quiet settings.
 - d. Serve moist foods instead of dry foods.
4. **True or false:** When speaking with someone who has Alzheimer's disease, it is better to use short, simple sentences than long, complicated ones.
5. **True or false:** The abilities of a resident who has dementia may change from day to day.
6. **The safest places for residents with dementia to walk are:**
 - a. Calm, quiet areas without a lot of distractions.
 - b. Noisy, bustling areas with plenty of people in them.
7. **How much can most older adults be expected to sleep in a day?**
 - a. 3 hours or less.
 - b. 7 to 8 hours.
 - c. 15 to 18 hours.
8. **True or false:** Three times a day is enough for anyone to wash his or her hands.
9. **Which of the following is most likely to be a possible sign of anemia in the elderly?**
 - a. Feeling unusually full of energy.
 - b. Having a a red face and red hands.
 - c. Constantly feeling hungry.
 - d. Constantly feeling cold.

(Answers on page 2)

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