



Caring for Persons with Dementia during an Influenza Pandemic

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Care for Persons with Dementia during an Influenza Pandemic

Residents in long term care facilities are particularly vulnerable to the flu due to their age and other medical conditions. Employees would also be affected by a serious flu outbreak. Maintaining operations in a long term care setting with the expected staffing shortages during a pandemic¹ or avian flu² outbreak would be very challenging. During this time, non-clinical staff may be needed to assist with patient care. *This document is designed as a guide for non-clinical staff who become involved in direct patient care during a flu pandemic or other emergency.* Dementia care training is recommended for all long term facility staff. The Alzheimer's Association's Campaign for Quality Residential Care offers practice recommendations for long term care facilities. The recommendations and information on training can be found at: <http://www.alz.org/qualitycare>.

Approximately 46% of all nursing home residents have some form of dementia with 26% experiencing mild cognitive dementia. Among residents in assisted living programs 50% or more have some form of dementia. Dementia refers to a group of symptoms that include a decline in cognitive abilities, loss of memory, poor judgment, changes in personality, disorientation and problems with abstract thinking. As the disease progresses, residents with Alzheimer's disease or dementia will need more and more assistance in conducting activities of daily living. Due to their decreased cognitive ability, residents with dementia will require additional assistance and consideration during the implementation of an influenza pandemic plan.

Prevention Issues

Residents with dementia may have an impaired ability to follow or remember instructions regarding:

- Hand washing
- Wearing a mask
- Refraining from placing things in the mouth
- Staying in particular area
- Other interventions requiring individual follow through or accountability

¹ *Pandemic flu* is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Retrieved May 19, 2006 from www.pandemicflu.gov/.

² *Avian (or bird) flu* is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available. Retrieved May 19, 2006 from www.pandemicflu.gov/.

It is recommended that residents with dementia be placed on a supervised “hand washing schedule” followed by the use of moisturizer to avoid skin breakdown. The use of masks and keeping individuals in particular areas will require distraction through supervised and structured daily activities.

During Plan Implementation

Residents with dementia are at an increased risk for agitation, frustration and even “catastrophic” reactions during a crisis situation. They are less able to negotiate changes in their environment. It is recommended that any changes in routine, environment and daily structure for the residents with dementia be kept to a minimum.

Below are some areas of concern for residents with dementia that may require special attention during an influenza pandemic along with potential response strategies:

1. Provide person-centered care

One of the most important steps any staff member can take in the provision of quality dementia care is to get to know the resident. In the event of a pandemic, this may be more difficult for temporary staff members or staff members working in a new department. It is recommended that a personal information form about each resident be completed and placed in an easily accessible place. Placement of the resident information form should conform to HIPAA guidelines. For example, forms can be placed inside a closet door or in a folder attached behind the door. This will allow temporary or substitute staff members to quickly learn essential information about the resident that will contribute to maintaining a stable and comforting environment. Information on the form can include:

- What the resident likes to be called
- Cultural background
- Names of family and friends
- Past hobbies and interests
- Sleep habits
- What upsets them
- What calms them down
- Typical patterns of behavior
- Normal daily structure and routines
- Eating and drinking patterns and abilities

2. Communication concerns

Residents with dementia may need assistance in communicating with their families during a crisis or potential quarantine situation. In fact, it is recommended that residents’ families are informed ahead of time what they can expect in the event of an influenza pandemic. Facilities should consider putting together a “What You Should Know” fact sheet for families that would

follow the facility policies with an explanation of how the family can assist. For example, it might explain that instead of visiting in person, families can schedule a telephone call to keep connected and/or leave notes for the resident to read along with photos. It is also important to ensure that adaptive devices are available to the resident where appropriate, e.g., hearing aides and eye glasses.

3. Nutrition and fluid intake concerns

Residents with dementia may need assistance with eating and drinking. Assistance may include verbal, visual or tactile cues. It is especially important for residents to keep their strength up when there is risk of contracting influenza. Staff should familiarize themselves with the resident's eating and drinking patterns and abilities. Residents need opportunities to drink and eat throughout the day as they might not be able to recognize hunger or thirst. Sitting and talking with the resident during meal times may improve intake. Any evidence of difficulty in swallowing should be assessed by trained personnel right away. All residents that have been identified as being a choking risk or with a history of swallowing difficulties must be assisted and monitored by licensed personal.

4. Wandering

Wandering is aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment or intruding in inappropriate places. The risk for wandering increases when residents become upset, agitated or face stressful situations. Possible interventions include:

- Provide residents with safe spaces to wander.
- Secure the perimeter of areas with security personnel or security systems.
- Ensure the residents get daily exercise.
- Provide structured activities throughout the day.
- If non-pharmacological treatment options fail after they have been applied consistently, then medications may be appropriate when residents have severe symptoms or have the potential to harm themselves or others. Continued need for pharmacological treatment should be reassessed as required by the medication regimen or upon a change in the resident's condition.

5. Catastrophic Reactions

A catastrophic reaction occurs when a situation overloads the mental ability of the person with dementia to act rationally. The person has an exaggerated response to the situation and may strike out, scream, make unreasonable accusations, become very agitated or very emotional. One of the first steps in preventing and responding to a catastrophic reaction is the

identification of circumstances in which the potentially catastrophic behavior happens. It is useful to attempt to identify the root cause of the behavior. Potential causes of challenging behaviors or catastrophic reactions are as follows:

- Over-stimulation
- Lack of adequate attention
- Pain
- Hunger
- Fear
- Depression
- Inability to understand environment
- Panic reaction to what appears to be a new situation
- Inability to express thoughts or feelings

Strategies and interventions for responding to catastrophic reactions and other challenging behaviors include:

- Do not physically force the person to do something.
- Speak in a calm, low-pitched voice.
- Try to remove excess stimulation.
- Rule out pain as a source of agitation.
- Validate the individual's emotions, i.e. focus on the feelings, not necessarily the content of what the person is saying. Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words. Endorsement of the resident's feelings may help them feel understood.
- Understand that the individual may be expressing thoughts and feelings in relation to their own reality, which may differ from present day orientation. The resident may be reacting to an event from their past. Offering reassurance and understanding, without challenging the resident's words, can be effective.
- Through behavioral observation and attempted interventions, try to determine what helps and include this information in the resident's individualized plan of care.

Additional strategies and interventions include:

- Moving the resident to a quiet area; consider having rocking chairs available.
- Sitting by the nursing station.
- Talking to a particular staff or special person.
- Relaxed breathing.
- Wrapping up in a warm blanket or placing a cool cloth on their neck or forehead.
- Listening to music or a tape of a familiar person.
- Looking at pictures or a book/magazine.
- Exercising or taking a walk.

Prevention of catastrophic reactions can be difficult in a changing or chaotic environments, however, applying some of the following strategies may help:

- Regular verbal and written cueing to the environment is helpful, especially for new residents.
- Provide a consistent routine.
- Reduce clutter as it can increase confusion.
- Encourage the family to provide security objects or other familiar items from home.