3-254 Rapid decline due to environmental change

TIPS Question:

Could the rapid decline of resident, both in physical status and cognitive behaviour, be directly related to being institutionalised for 2 weeks while family is on vacation? Resident is usually at home and family cares for her. After two weeks resident declined both physically and mentally, came to assessment.

Response:

You and the team have done well to *flag* the changes in this lady's status. This identification of changes is especially challenging with respite stay residents because staff may not have as much knowledge about the individual. Also, there may be a tendency to refrain from becoming too involved with clients that are in the facility for a brief stay. These changes are often over-looked and it becomes too late to deal with some of the contributing factors.

Yes, you are correct in that these significant changes can largely be related to the 2-week institutionalisation. A change in familiar environment has a significant impact on the ability of a person with dementia to cope and interact. There may be marked changes in behaviour and functional abilities in a less supportive/familiar environment. As noted, this person's physical and cognitive decline is a sign that something is wrong. With the U-First! assessment guide in mind, it is noteworthy that you and your staff seem to *understand* the importance of looking further into these behaviours.

It is important to assess the person's physical state as many residents have other complex physical conditions. Have you ruled out other possible causes under the Physical domain such as the 5 D's? Sometimes new residents have physical reactions upon admission because it is the first time they are actually consistently receiving all their medications and the doses may be too high. When you work through the Intellectual section of P.I.E.C.E.S. it would be beneficial if the MMSE and/or the Clock Drawing Test were complicated upon admission. Then there would be a baseline to note change during the respite period.

Have staff look at this woman's situation through her eyes. She may feel deserted by her family and not believe that she will go back home. She could be feeling depressed or angry. Depending on her cognitive status we may never know for certain how she is interpreting this placement. Thinking of these issues will help staff *reflect* on her situation and how she may be feeling.

By using the U-First! wheel with front line staff, the team can develop *supportive strategies* for this particular resident to help during transition. Many strategies can be utilized pre-respite such as several visits to the unit, supplying as much personal information on the resident's routines, life story and habits as possible (such as the Personal Care Booklet from the Alzheimer Society). Family can arrange for other friends/grandchildren to visit as often as possible during the respite period to assist with the transition. It would be best if the resident was able to bring in personal belongings of the resident such as photos, a blanket, books, and music. Videos of the family can be helpful, tapes, phone calls and postcards left with the staff to give the resident each day can also be of benefit to some individuals.

The familiar home environment is often so supportive for the person with dementia that cognitive deficits are much more apparent when these are absent. Habitual memory is often unconscious thinking and in a new environment the person with dementia is bombarded with new stimuli. This makes it even more difficult for these people to 'put their world together', thus they decline.

If we are able to keep the person's original routine as much as possible, this would help to optimise functioning. It is always important to be as accommodating as possible in care routines during any transition. Obviously this lady won't feel she is living at home with her family caring for her, but the care *team* can develop realistic goals and be patient and supportive while the resident attempts to adjust to these changes in environment.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*