3-76 Assessing extent of dementia and communicating to family

TIPS Question:

A resident and his wife share a room at our LTC facility. The wife is slowly physically deteriorating, needing more rest periods. Her husband has been more forgetful, needing frequently explanations to why his wife is in bed. The concern is the family. They are updated to their father's forgetfulness and state they know and understand, yet in the same conversation state" Dad knows best". What are our best strategies to identify just how forgetful he is and how to inform family?

Response:

This TIPS question addresses two areas, one of assessing cognition and the other of communicating with an important Partner in Care, the family. The following are some ideas for using the P.I.E.C.E.S. template to assist in seeking strategies for both these areas.

Question 1). The main concern appears to be assessing and communicating the extent of a resident's dementia to his family

Question 2). From your description, it seems that everyone is affected by this resident's forgetfulness and his family's response. His wife perhaps is disturbed as she is resting. He may be frustrated that her behaviour does not match his memory of her. The staff is caught in the middle of trying to protect/comfort her and her husband's request a different type of care. Family, though they seem to understand the behaviour, refer to their father.

Question 3). What is the degree of risk? Using the RISKS acronym, it seems from your information that a kinship risk exists for both this resident and his wife The other risks are really not a concern at this time. Those who care for him perhaps do not understand him and he is likely demanding more of his wife than she is capable of offering.

Question 4). How do we describe and record what we see? When you are seeking to be objective about someone's cognitive status, remember to use standardized assessment tests such as the MMSE and the clock. It allows you to describe a person's thinking in a more detailed manner than simply "forgetful" or "confused."

Question 5). What are the possible causes?
P: While you are looking at the extent of his confusion and amnesia, it is important to rule out other possible causes of confusion, for example, low thyroid function or alcohol use. Refer to the Lab Values section P.I.E.C.E.S. Resource Guide for possible tests to run. Look also at drugs for clues to confusion.

I: Review the 7A's. Forgetfulness does not usually come by itself. What can you gain through a better understanding of this gentleman by observing his behaviour? Your observations using the DOS can often assist in understanding someone's behaviour.

E: This family's emotional response "Dad knows best" may be a long standing family dynamic. Understanding the family dynamics can be helpful.

C: When using the MMSE pay attention to how he answers questions. Can he do the 3-step command or 3-item recall? If not, are you expecting him to be able to remember more than he possibly can? How are you interacting with him and his wife? Are you remembering to repeat that she needs rest each time we enter the room or are we expecting him to remember? What do his family understand about dementia/confusion in the elderly? You have the benefit of P.I.E.C.E.S. education and have an understanding of the 7A's…are you expecting families to have the same understanding?

E: What can be done to the physical environment to assist this gentleman with remembering his wife needs to rest. What "positive evidence" can you leave with him to help cue his memory, for example, a prescription for rest from her doctor that he can keep posted? What other activities can be found for him to do during a rest time for his wife? Could the activation staff partner with you to create possibilities?

S: What do you know about the dynamics of this couple and their marriage? Who has been the caregiver? What has the rhythm of their life together been like? What role have their children played? Can a team conference with family help in your understanding? Does he want to be able to do things for his wife?

Question 6). These are examples of questions you might ask from your perspective of knowing this family. The strategies for care stem from gathering information under the P.I.E.C.E.S. template…they are unique tailor-fitted strategies, naturally flowing from your observations and questions about this person.

Learn more about the resident's and family's entire situation through:
1). A team meeting including family and if possible, this gentleman and

2). The use of the U-First! Wheel to promote dialogue with his family and caregivers. In Section F, under Partners in Care: Four Questions to Enhance Collaboration (see page 341 of the P.I.E.C.E.S. Resource Guide- 4th Edition) you will find a wonderful resource packed with useful information in thinking though situations involving Partners in Care. I would suggest you read this section while jotting down ideas for strategies or insight into this gentleman's care. A valuable suggestion in section F (see page 343) is using the P.I.E.C.E.S. acronym to seek to better understand us as staff and families.

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.*