4488

Caring For The Cognitively Impaired Client

Leader Guide
CARING FOR THE COGNITIVELY IMPAIRED CLIENT

HNA40

PROGRAM DESCRIPTION

*Caring for Cognitively Impaired Client* explores common mood and behavior changes of cognitively impaired persons. The significance of temporary, as opposed to permanent, cognitive changes is explained. Other problematic and situational behavior is discussed. *Video running time: 23 minutes (2 contact hours.)*

OBJECTIVES

1. Recognize the difference between depression, delirium and dementia.
2. Identify common mood and behavior changes of patients who are cognitively impaired.
3. Describe ways to manage mood and behavior changes.
4. List and describe methods to help individuals and their families cope with cognitive changes.
5. Describe ways to change the client’s environment.
The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

Assessment: This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client’s ability to carry out daily activities, symptoms and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

Problem Identification or Nursing Diagnosis: Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

Planning: The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

Implementation: Carrying out the plan.

Evaluation: This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

Professional Nursing Roles
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct client and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Mental Disorder:</td>
<td>One that occurs without any physical change in the body.</td>
</tr>
<tr>
<td>Organic Mental Disorder:</td>
<td>Caused by an identifiable change within the body.</td>
</tr>
<tr>
<td>Depression:</td>
<td>A disorder characterized by feelings of sadness and despair and ranging in severity from mild to life threatening.</td>
</tr>
<tr>
<td>Delirium:</td>
<td>An acute, fluctuating change in mental status, with inattention and altered levels of consciousness.</td>
</tr>
<tr>
<td>Senile Dementia:</td>
<td>A deterioration of intellectual function and other cognitive skills, leading to a decline in the ability to perform activities of daily living.</td>
</tr>
</tbody>
</table>
CARING FOR THE COGNITIVELY IMPAIRED CLIENT

HNA40

PRETEST

1. Encouraging "people therapy" means you would:
   a. tell the patient not to worry so much about how he/she looks
   b. help the patient spend more time alone in his bedroom enjoying solitude
   c. assist the patient in choosing clothing, make-up and hair styles that improve appearance
   d. discourage physical activity that would only make him more tired

2. Which of the following is not a cause of delirium?
   a. poor self-image
   b. an infection
   c. malnutrition
   d. over-medication

3. The best way for you to approach a cognitively impaired patient is:
   a. relaxed and unhurried
   b. kind without showing any emotion
   c. talking to him as you would a child
   d. speak quickly and leave the room so you won't upset him/her further

4. Which of these would be helpful to a client with a memory loss?
   a. giving choices
   b. talking in a louder voice
   c. breaking a task into simple steps
   d. restricting fluids before bedtime

5. The most common feature of depression is:
   a. a gloomy mood
   b. loss of interest
   c. loss of pleasure in doing activities
   d. all of the above
6. Depression is the most common mental disorder in the elderly.
   a. True
   b. False

7. A change in appetite is not an indicator of depression.
   a. True
   b. False

8. Delirium is caused by a physical illness.
   a. True
   b. False

   a. True
   b. False

10. Symptoms of senile dementia appear gradually.
    a. True
    b. False
CARING FOR THE COGNITIVELY IMPAIRED CLIENT

HNA40

DISCUSSION QUESTION

1. Discuss ways to assist the client who has a short term memory problem.

2. Discuss the factors that contribute to a state of depression.

3. Discuss the signs and symptoms of delirium.

4. Discuss the signs and symptoms of dementia.

5. Describe a cognitively impaired client that you have cared for.
1. Depression most often occurs as a result of:
   a. a loss of appetite
   b. a loss of friends or family
   c. a loss of brain cells
   d. decreased physical activity

2. The behavior changes of dementia are __________ by the patient.
   a. chosen
   b. not chosen

3. One of the best things to do for a patient who asks the same questions over and over again is:
   a. tell him that he just asked that question and the answer hasn’t changed
   b. distract him by taking him for a walk or other activity
   c. keep a record of how many times he asks the question and show it to him when he asks it again
   d. encourage him to stop asking you the same question

4. Mrs. Jones, your 88 year-old patient, refuses to bathe and becomes quite upset every bath day. You decide to:
   a. try to divert her attention while bathing her
   b. recognize that this is a normal part of aging
   c. post a bath calendar so she knows what days she has bathed
   d. accept that no intervention will help
MATCHING: Write the letter (A, B or C) of the disorder that is described in each of the following:

(A) Depression (B) Delirium (C) Dementia

5. ______ Condition occurs quickly and can be changed or treated.

6. ______ Disorder caused by a loss of brain cells.

7. ______ Symptoms of this appear gradually.

8. ______ Condition may be caused by a loss of a pet or familiar surroundings.

9. ______ Condition where patient may go from agitation to paranoia in minutes.

10. ______ Condition where the patient is "deprived of mind".
CARING FOR THE COGNITIVELY IMPAIRED CLIENT

HNA40

ANSWER SHEET

PRE TEST

1. c
2. a
3. a
4. c
5. d
6. T
7. F
8. T
9. F
10. T

POST TEST

1. b
2. b
3. b
4. c
5. b
6. c
7. c
8. a
9. b
10. c
DEBORAH UNSWORTH, M.S. ARNP: Received her Bachelor of Science Degree from the University of South Florida and her Master of Science Degree from State University of New York. She has worked as a nurse since 1973 in the areas of med-surg, obstetrics and ER. She has been a nurse practitioner and women’s health educator since 1990 and is currently the Director of Education at National Educational Video, Inc.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.SM All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master’s prepared nurse.

REFERENCES


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.
CARING FOR THE COGNITIVELY IMPAIRED CLIENT
HNA40
Participant Evaluation of Objectives

Please evaluate the presentation by circling the number that best describes your rating.

1. Recognize the difference between depression, delirium and dementia. 4=Excellent 3=Good 2=Average 1=Poor
2. Identify common mood and behavior changes of patients who are cognitively impaired. 4=Excellent 3=Good 2=Average 1=Poor
3. Describe ways to manage mood and behavior changes. 4=Excellent 3=Good 2=Average 1=Poor
4. List and describe methods to help individuals and their families cope with cognitive changes. 4=Excellent 3=Good 2=Average 1=Poor
5. Describe ways to change the client’s environment. 4=Excellent 3=Good 2=Average 1=Poor

Do you feel you met your personal objectives?

Time required to complete this program?

COMMENTS:________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Return this form to the facilitator who distributed the learning materials.

Thank You!
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

*TYPE* the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NO.</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:
(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program __________________________ Date __________________
Place of Employment __________________________ Job Title __________________

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent  3 – Good  2 – Average  1 – Poor

ORGANIZATION OF COURSE
Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE
List total number of objectives in this facilitator’s guide __________________________
List by number the objectives that were met __________________________
The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1
Evaluate Test Questions
Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)
The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING
I felt this teaching method was 4 3 2 1

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program __________________________________________________________________________ Date ____________
Place of Employment ________________________________________________________________________ Job Title _______________________

OBJECTIVES
Total number of objectives in program __________
Circle the number of objectives that WERE met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Circle the number of objectives that were NOT met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE
Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1

CONTENT OF THE PRESENTATION
The test material reflected the objectives listed 4 3 2 1
Content and/or skills demonstrated can improve my ability to perform my job 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1
Time for questions was 4 3 2 1
Effective use of time to cover subject was 4 3 2 1
Graphics were beneficial 4 3 2 1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)
The presentation was well prepared 4 3 2 1
The presentation explained the material well 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING
I felt this teaching method was 4 3 2 1
Facilities and classroom were adequate 4 3 2 1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®. Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

Account # ____________________________________________

Number and title of Video Program ____________________________________________

Dates Given ___________________________________________________________________

Contact Hours __________________________________________________________________

Name of Facility __________________________________________________________________

Address of Facility __________________________________________________________________

City/State/Zip ____________________________________________________________________

RN Facilitator ___________________Signature _________________________________

ROSTER OF PARTICIPANTS

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Participant Signature</th>
<th>License #</th>
<th>Soc. Sec. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Participant Signature</th>
<th>License #</th>
<th>Soc. Sec. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certificate of Completion

This is to certify that

________________________________________

Attended and Completed

________________________________________

National Educational Video, Inc.™ Program Number and Title

For __________ contact hours

On ____________________________

Date

________________________________________

Facility / Agency Name

________________________________________

Facility / Agency Address

________________________________________

RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program