Alzheimer's
LOS ANGELES

Sleep Disturbances

Identify the Problem	**PROBLEM:** Sleep Disturbances (waking you or other family members up at night) **GOAL/EXPECTED OUTCOME**: To reduce sleep problems through non-pharmacological approaches
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is the person napping throughout the day? • Does the person have too little physical activity during the day? • Is the person in pain or discomfort that may lead to awakening? • Is the temperature of the room uncomfortable? • Is there alcohol consumption or a medication that could cause rebound awakening? • Is the person taking diuretics in the afternoon or evening? • Is the person consuming caffeine? • Is the person going to bed too early? • Does the person need to go to the bathroom frequently? • Has the person always been more awake at night time? Did the person always work a night shift? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel frightened when he/she wakes up? • Does it bother the person to be up and active at night? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel frustrated? • Does the caregiver feel tired during the daytime? • Does the caregiver feel the person is unsafe to be up and alone at night?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Follow sleep hygiene suggestions: o Limit daytime naps to 15 – 30 minutes and before 3 p.m. o Sleep in bed, not on couches o Create a bedtime routine o Only wear pajamas at night • Create an appropriately active and structured daytime schedule, including exercise • Consider enrollment in CBAS • Check temperature of room • Check to make sure noise is limited (such as from a TV or other appliances) • Avoid stimulants and diuretics after 3 p.m. (unless provider prescribed otherwise) • Leave a night light in the bathroom and in the bedroom if this is comforting • Consider soft music • Consider a comforting object such as a small stuffed animal

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CLINICAL SUPPORT:

- Refer to PCP to assess if medical or psychiatric conditions are present and interfering with sleep
- Speak to PCP about pain management if needed
- Speak to PCP/pharmacist about medications that may be interfering with sleep and to evaluate medication list and schedule (to minimize sleeplessness at night)

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to CBAS for structured daytime activities
- Refer to respite services
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
    - ALZ Direct Connect® referral
    - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
    - Website: www.alzheimersla.org
- Send literature:
    - Topic Sheet – "Sleep Issues"

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Repetition

<u>Id</u>entify the Problem	**<u>PROBLEM</u>:** Repetition (doing or saying things over and over) **<u>GOAL/EXPECTED OUTCOME</u>**: To reduce caregiver level of stress and increase caregiver capacity to cope and manage behaviors
<u>E</u>xplore	**<u>ASSESS FURTHER</u>:** **Understand the possible triggers of the problem:** • Is the person having trouble remembering, due to the disease process? • Has the person been separated from a loved one or a personal item? • Is the person's environment new or unfamiliar? • Is the person trying to communicate an unmet need, such as needing to use the bathroom or being hungry? • Is there a sight or sound causing the person anxiety? • Is the environment too loud? • Is the person bored? • Is the person having a medication side effect? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel anxious? • Is the person confused? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated? • Is the caregiver angry?
<u>A</u>djust Problem solve with interventions and actions	**<u>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER</u>:** • Understand that the person is not doing or saying things repeatedly on purpose; it's part of the disease • Be reassuring and comforting to the person, using a gentle tone of voice • Avoid reminding the person that he/she already asked the question • Distract the person: o Redirect with another topic (Avoid questions. Instead, say, "Tell me about…your wedding, your kids, your house, your work…" o Offer something the person enjoys, such as a favorite food, an activity or music he/she likes, etc. o Have personal things for the person to look at, such as photo albums, old catalogues, a memory box of items from the person's life such as travel pictures/postcards, etc. • Turn the repetitious behavior into an activity (i.e., if person is rubbing his/her hands across the table, provide a cloth and ask for help with cleaning. Offer flowers to arrange, offer things to separate or sort into piles, or to sweep the patio, etc.) • Try not to become angry or frustrated in front of the person • Remove things from the environment that might trigger repetitive questions, such as the keys if the person keeps asking if it is time to leave • Try moving the person to a different room/new environment
	<u>CLINICAL SUPPORT</u>: • Because repetition may be due to cognitive decline (i.e., forgetfulness), refer to PCP to discuss if cognitive enhancement drugs would be beneficial

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Educate the caregiver about the disease and how it can cause forgetfulness and repetitive behaviors
- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
    - ALZ Direct Connect® referral
    - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
    - Website: www.alzheimersla.org
- Send literature:
    - Caregiver Tip Sheet – "Repeating" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Sadness and/or Depression

Identify the Problem	**PROBLEM:** Sadness and/or Depression (feeling blue) **GOAL/EXPECTED OUTCOME**: To reduce depression or depressive symptoms
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • What is the person's behavior like when he/she is depressed? • What happens before the person's depressive symptoms occur? • How often do the person's depressive symptoms occur? • For early stage individuals, is there evidence that the depression involves reaction to understanding the diagnosis? • Is the depression causing the person to socially withdraw? • Are there any indications of suicidality?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Consider home safety: remove firearms, alcohol, or other substances in the home • Provide dementia education and counseling to people in early stages • Encourage the person to join a support group • Provide the person with predictable routines • Go on regular outings with the person when possible • Stimulate with pleasant smells and sounds (i.e. aromatherapy, baking cookies, music from person's youth) • Help the person engage in favorite activity or hobby • Read books, play games, watch funny shows/movies • Encourage exercise and physical activity
	CLINICAL SUPPORT: • If suicidal ideation is present, follow standards of practice, polices, procedures, and reporting mandates • If self-neglect, follow standards of practice, policies, procedures, and reporting mandates • Follow clinical guidelines and procedures for depression screening, intervention and referral • Refer to behavioral health specialist for depression assessment, diagnosis and treatment, as needed • Consider behavioral health referral for people in early stage
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Discuss opportunities for socialization, stimulation and interaction, such as CBAS • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation o ALZ Direct Connect® referral o Provide Helpline #: 844.HELP.ALZ | 844.435.7259 o Website: www.alzheimersla.org

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

	• Local Community Resources: ______________________________ ____ • Send literature: o Topic Sheet – "Sadness and Depression"
	<u>FOLLOW UP</u>: • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	<u>NOTES</u>: ____ ____ ____ ____

Combativeness

Identify the Problem	**PROBLEM:** Combativeness (anger, hitting, pushing, fighting, etc.) **GOAL/EXPECTED OUTCOME**: To reduce combativeness through non-pharmacological approaches
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is something causing the person to feel frustrated? o Is the person overly tired? o Is the person having trouble completing a task that was once simple for him/her? o Is there too much going on around the person? o Does the person have trouble seeing or hearing that is causing him/her to mistake sights and sounds? o Are there too many unfamiliar people or places? • Is the person experiencing physical discomfort (pain, fever, illness)? • Is the person responding to caregiver stress and irritability? • Is the person experiencing side effects of a medication? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person overwhelmed? • Does the person feel he/she is losing control? • Is the person uncomfortable? • When a person resists, says "no!" or is combative, it can mean: o I can't o I'm scared o I don't understand o I never liked it and I never will **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel unsafe? • Is the caregiver scared?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • You set the tone; try to use a calm, reassuring voice and avoid insults o Try saying "I know you're feeling angry," to show you understand • Try to avoid triggers if possible o Make sure the person is comfortable; check for possible sources of pain o Offer simple, step-by-step instructions for activities o Approach the person slowly from the front and introduce yourself if needed o Speak slowly and clearly o Keep routines the same each day o Reduce noise, people, and clutter from the person's area • Try to learn the common causes and avoid them • Use redirection or distraction (i.e., food, activity, music) • Consider safety o Stand out of reach of the person o Leave the room if you can, to let the person calm down for a few minutes, but stay where you can still watch him/her for safety

  - Call for help – neighbors, family, friends, doctor
  - Call the police if needed
- Write down examples of the problem and possible triggers to tell the person's doctor

CLINICAL SUPPORT:

- If abuse or self-harm is suspected, follow standard of practice, policies, procedures, and reporting mandates
- Refer to PCP to assess for possible illness or adverse medication reactions
- If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Caregiver Tip Sheet – "Anger, Frustration, & Fighting" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Hallucinations

<u>Id</u>entify the Problem	**<u>PROBLEM</u>:** Hallucinations (seeing or hearing things that are not there) **<u>GOAL/EXPECTED OUTCOME</u>**: To increase caregiver's capacity to cope with and manage hallucinations
<u>E</u>xplore	**<u>ASSESS FURTHER</u>:** **Understand the possible triggers of the problem:** • Does the person not recognize his/her environment? • Does the person not recognize his/her reflection in windows or mirrors? • Does the person not recognize family members/caregivers? • Is there something in the environment that upsets the person? • Has the person's routines changed? • Does the person have problems with hearing, seeing, or tasting? • Is there a problem with the person's medications? • Does the person have a physical illness, such as an infection? • Has the person recently fallen or hit his/her head? • Has the person not been eating enough or drinking enough fluids? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel frightened? • Does the person feel unsafe? • Is the person reliving a trauma from the past? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel frustrated? • Does the caregiver feel like he/she does not know how to help?

<u>A</u>djust
Problem solve with interventions and actions
	<u>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER</u>:
	• Change the environment
	  o Remove or adjust items that may upset the person
	  o Cover mirrors and windows if the person does not know who is in the mirror or window
	  o Turn on lights to reduce shadows that may look frightening
	  o Turn off the TV if it is distracting. The person might also be confused about whether the TV episode is reality
	  o Use contrasting colors, such as red plates on white table clothes, to help the person see differences in objects
	  o Minimize busy patterns that might appear as an obstacle or barrier
	• Make sure the person's glasses and/or hearing aides are on and working
	• Offer simple explanations, such as where sounds might be coming from
	• Do not argue about whether what's happening is real; remember, it's real to the person
	• Be comforting and reassuring; remind person that he/she is safe
	• Go for a walk or find another enjoyable activity
	• Make sure the person is eating and drinking enough fluids
	• NOTE: You may not be able to stop the experience from happening because it might be part of the disease, but the goal is to help make it less scary and upsetting for the person

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CLINICAL SUPPORT:

- Refer to PCP to evaluate possible medication reactions/interactions or assistive equipment needs such as glasses or hearing aides
- Test for illness, infection, and/or injury

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Caregiver Tip Sheet – "Hallucinations" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Sundowning

Identify the Problem	**PROBLEM:** Sundowning (more confusion/restlessness in late afternoon/evening) **GOAL/EXPECTED OUTCOME**: To reduce and better manage sundowning behavior
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Does the person feel fatigued? • Is the person in a room that is very dark and might have shadows? • Is there a lot of noise in the environment? • Is the person hungry? • Is the person asked to do a complex activity late in the day? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel frightened? • Is the person experiencing anxiety from too much stimulation or noise? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel frustrated? • Is the caregiver tired?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Increase illumination in the home before the sundowning behavior occurs • Make evening hours less busy (schedule things earlier in the day) • Encourage exercise and activity throughout the day • Distract the person with an enjoyable food or activity • Plan an earlier dinner • Lower the noise level • Reassure the person where he/she is and that he/she is safe • Use a calm, gentle, and reassuring voice
	CLINICAL SUPPORT: • Refer to PCP to evaluate possible medication reactions/interactions or other medical concerns • If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated

	CAREGIVER SUPPORT AND COMMUNITY RESOURCES:
	• Listen empathically to caregiver and evaluate for level of distress
	• Refer to CBAS for structured daily activities
	• Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
	  ○ ALZ Direct Connect® referral
	  ○ Provide Helpline #: 844.HELP.ALZ | 844.435.7259
	  ○ Website: www.alzheimersla.org
	• Send literature:
	  ○ Caregiver Tip Sheet – "Sundowning" (English and Spanish)

	FOLLOW UP: • Schedule a phone call with caregiver to discuss outcomes and provide additional support

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

	NOTES:

Suspiciousness and Paranoia

Identify the Problem	**PROBLEM:** Suspiciousness and Paranoia (accusing, blaming) **GOAL/EXPECTED OUTCOME**: To improve caregiver capacity to cope with and manage behaviors of suspiciousness and paranoia
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is the person's environment unfamiliar? • Are the people around the person unfamiliar to him/her? • Was there a change in the person's routine? • Has the person misplaced an item he/she is looking for? • Is there too much going on around the person? • Is the person experiencing hallucinations or delusions due to the disease? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person angry? • Does the person feel taken advantage of? • Is the person scared? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel wrongfully blamed? [It is not uncommon for people with the disease to accuse those who are closest to them of stealing] • Is the caregiver frustrated?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • The source of suspicion might be real! Check it out first • Don't take it personally; this is part of the disease • Try to keep the person's routine the same every day • Use a calm and gentle tone of voice; don't argue with the person • Make sure the lighting is bright • Try to limit noises and distractions around the person • Offer to help the person look for lost things • Learn where the person's common "hiding places" are and let other caregivers know • If the person is often looking for a specific item, have extras available (i.e., multiple wallets, a canceled check, etc.)
	CLINICAL SUPPORT: • Refer to PCP to assess for adverse effects of medications or possible medical or psychiatric conditions, if hallucinations or delusions are present • If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Caregiver Tip Sheet – "Paranoia" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

Screaming and Making Noises

Identify the Problem	**PROBLEM:** Screaming and Making Noises **GOAL/EXPECTED OUTCOME**: To increase caregiver's understanding of noise as communication to improve caregiver's capacity to cope with and manage noise
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is the person ill, in pain, or uncomfortable? • Is the person unable to speak or be understood because of the disease? • Is the person trying to tell you he/she is hungry? Thirsty? Too cold? • Does the person need to use the bathroom, or need to be cleaned up? • Is the person really tired? • Does the person need help changing position in a chair/bed? • Is the environment too loud or overwhelming for the person? • Is there too much going on around the person? • Is the person bored? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person feeling scared or confused? • Does the person feel frustrated he/she cannot tell you what he/she needs? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated? Annoyed? • Does the caregiver feel confused or "stuck" about what to do? • Is the caregiver embarrassed?

Adjust
Problem solve with interventions and actions
	TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:
	• Try finding other ways for the person to communicate, such as using a bell
	• Try to address the unmet need before it becomes a problem
	  o Keep a regular eating schedule for the person with meals and snacks to reduce hunger
	  o Keep a regular toileting schedule to reduce accidents
	  o Change the person's position in chairs/bed regularly
	  o Clean the person up immediately after an accident
	• Create a relaxing and calm environment
	  o Use relaxing techniques, such as massage, gentle touch, talking in a soothing voice, or playing calming music
	  o Always approach the person from the front with a calm voice. Use the person's name and introduce yourself, when needed
	• Break tasks into short, simple steps and explain what you are going to do before you do it

	CLINICAL SUPPORT: • Refer to PCP for good medical examination to assess for illness, infections, pain/discomfort, or impaction • If non-pharmacological approaches prove unsuccessful, then use medications, targeted to specific behaviors, if clinically indicated

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Topic Sheet – "Communication" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

Disinhibition

<u>Id</u>entify the Problem	**<u>PROBLEM</u>:** Disinhibition (unwanted sexual behaviors or inappropriate behaviors) **<u>GOAL/EXPECTED OUTCOME</u>**: To increase caregiver capacity to understand, cope and manage disinhibited behaviors
<u>E</u>xplore	**<u>ASSESS FURTHER</u>:** **Understand the possible triggers of the problem:** • Is the person trying to communicate something to you? • Does the person need to use the bathroom? • Is the person feeling too hot or too cold? • Are the person's clothes on too tightly? • Is the person disoriented (i.e. thinking he/she is in the bathroom and trying to urinate)? • Is the person confused by people's identities (thinking that the store clerk is his/her spouse)? • Is the person confused about the time (thinking it's bed time, and taking clothes off for bed)? • Does the person have an infection, such as a UTI, that could lead to itching/handling of the genital area? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person in need of human contact? • Is the person lonely? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver shocked and embarrassed? • Is the caregiver angry?
<u>A</u>djust Problem solve with interventions and actions	**<u>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER</u>:** • Try to find out if the person needs something and direct them to it, such as the bathroom, or different clothing • Try not to react with disapproval or anger. Remember that this is part of the disease and the person is not doing it on purpose • Don't try to reason with the person or explain that it is not appropriate behavior • Ignore the behaviors when possible • Be calm and reassuring when redirecting the person • Try reacting to sexual behaviors by providing extra touch and affection on the person's shoulders, arm, or hand. Smile or give a hug. The person may be expressing a (non-sexual) need for affection and human contact • Substitute a different pleasurable activity that may distract the person • Lead the person to a private place • Use a stalling tactic, such as "We will be alone soon, but let's first go out for a walk" • Take strangers aside and ask that they please excuse the person; tell them that the person has dementia and is not fully aware of his/her actions or what he/she is saying (Some people make up small cards they can quietly pass to wait staff, store clerks, and others that explain this) • If the person frequently undresses, try using hard-to-remove clothing, such as small buttons, pants without zippers, or shirts that zip/button in the back.

(Keep in mind, however: changing familiar clothing may cause some people difficulty with toileting needs because they do not recognize how to remove the new clothes)

CLINICAL SUPPORT:

- Refer to PCP to evaluate for physical illness, medication side effects or causes of discomfort/pain
- If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send Literature:
  - Topic Sheet – "Disinhibition (Intimacy and Sexuality)"

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

Resists Bathing or Showering

Identify the Problem	**PROBLEM:** Resists Bathing or Showering **GOAL/EXPECTED OUTCOME**: To reduce resistance to bathing or showering
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Does the person not recognize who you are? • Does the person not recognize his or her self in the bathroom mirror? • Is the person scared? • Is the temperature of the room uncomfortable? • Is the temperature of the water uncomfortable? • Is there poor lighting? • Is the person sensitive to the noise of the running water? • Does the person have difficulty with vision or hearing? • Is there a breakdown in communication? Does the person not understand your directions? • Is the person kept waiting too long while the bath is being prepared? • Is the person fatigued? • Is the person in pain? • Are the tasks involved in bathing too complicated? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person feeling embarrassed about getting undressed in front of you? • Is the person uncomfortable? • Is the person scared or confused? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Preparing the bathroom: o Make sure the room is warm enough for the person o Run the water so it is not too hot or too cold o Do not use bright lights if possible o Have a towel, clean clothing, and non-slip socks ready for use when the person steps out of the tub or shower o Try covering the mirror if the person gets agitated around it o Try playing the person's favorite calming music • Make sure the bathroom is safe to reduce fear • Use a non-slip mat in the tub or on the bathroom floor so the person feels more safe • Consider a tub or shower seat. Make it comfortable with a warm towel • Fill the tub with only 4 inches of water to make water seem less scary • Communicating effectively o Assure the person you are there to help them o Use a calm and reassuring tone of voice o Be direct: "Your bath is ready now," instead of "Do you want to take a bath?" o Explain what you are doing right before you do it

  - Use simple instructions, one at a time, and demonstrate for the person, i.e., pretend to wash your arm so the person can copy you
- Other
  - Try to be patient and do not rush the person
  - Let the person participate, by giving him/her a washcloth to use
  - Be gentle and look for signs of pain
  - Consider a sponge bath instead of a shower if needed
  - If the person does not want to bathe, try at another time. Also realize that daily bathing may be too much
  - Find the best time of the day when the person is not too tired or anxious
  - Give the person as much privacy as possible, but keep safety in mind

CLINICAL SUPPORT:

- If the person refuses to bathe because of pain, refer to PCP
- Discuss with PCP appropriate hygiene

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Caregiver Tip Sheet – "Bathing" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Difficulty with Dressing and Grooming

Identify the Problem	**PROBLEM:** Difficulty with Dressing and Grooming (brushing hair/teeth, shaving, etc.) **GOAL/EXPECTED OUTCOME**: To reduce difficulty with bathing and grooming
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is the task too hard or confusing (i.e., a lot of buttons)? • Are there too many steps involved? • Are there too many options for what to wear? • Does the person feel tired? • Is the room too cold? • Is there poor lighting? • Are there too many distractions around the person? • Is the person in pain? • Is the person having difficulty seeing or hearing? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel a lack of privacy? • Is the person frustrated or overwhelmed? • Is the person upset about needing help? • Has appearance always been important to the person? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated? • Is the caregiver worried about ensuring the person's lifelong value of appearance is maintained? • Does the caregiver feel the person is acting this way on purpose?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Keep the routine as familiar to the person as possible • Avoid delays and interruptions in the routine • Encourage the person to do as much as he/she can on his/her own and then help as needed • Give the person and yourself extra time for the task • Demonstrate tasks for the person • Use simple, step-by-step instructions • Dressing: o Offer the person only two options so there are not too many choices o Lay out clothing in the order it needs to be put on o Have clothing that is easier for the person to put on, such as slip-on shoes, cardigans, Velcro, elastic waistbands, etc. o Buy clothing that is loose-fitting and comfortable, not tight o If the person always wants to wear the same things, buy multiples o Make sure the room is warm enough o Make sure there is enough lighting in the room o Close the door and pull down the blinds to create privacy o Remove distractions (TV playing, clutter, etc.) o Make sure the person has his/her glasses or hearing aids and make sure they are working

- Grooming:
    - Brush your teeth or your hair at the same time, so the person can copy what you are doing or provide hand-over-hand assistance
    - For men and shaving, use a quiet, electric razor
    - Try to do the person's hair/makeup the way they always kept it

CLINICAL SUPPORT:

- If the person continues refusing to dress, groom and maintain hygiene, have the person evaluated for possible depression
- If indicated, evaluate for possible source(s) of pain

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
    - ALZ Direct Connect® referral
    - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
    - Website: www.alzheimersla.org
- Send literature:
    - Topic Sheet – "Dressing and Grooming"

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

Difficulty with Eating

Identify the Problem	**PROBLEM:** Difficulty with Eating (including chewing, swallowing, dental concerns) **GOAL/EXPECTED OUTCOME**: To reduce difficulty with eating
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Is the person having a side effect of a medication that affects hunger? • Is the person experiencing any pain or illness? Is the person constipated? • Does the person have any mouth discomfort, such as painful gums, dentures not fitting right, etc.? • Is the person really tired at meal time? • Is the person's mouth dry? • Are there too many steps associated with eating? • Does the person have difficulty with chewing? • Does the person have trouble seeing his/her food? (The food might be the same color as the plate and blend in • Is the person eating in a place he/she does not recognize? • Are there too many distractions or too much noise around the person? • Does the person not remember to stop and eat? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person embarrassed to be fed by someone else? • Is the person frustrated or overwhelmed? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated? • Is the caregiver worried?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Make mealtimes simple, relaxed, and calm • Make sure the person is comfortable • Allow ample time for eating • Make sure the person's lips are not dry; use ChapStick as needed • If the person wears dentures, make sure they are properly in place • Preparing the eating area o Make sure the plate is a different color from the food o Try to avoid patterns on placemats, plates and tablecloths. They can be distracting o Increase lighting in eating area o Reduce the noise and distractions around the person • Make eating simple. Try these options: o Serve only one food at a time o Use bowls instead of plates o Try setting the area with only utensils that are needed for the meal o Plastic utensils may be too light and might break. Try to avoid them o Use bendable straws or cups with lids o Serve finger foods that are easier for the person to pick up and eat o Sit in front of the person when helping with eating. Use simple, gentle words • For over-eating

  - Make sure the person is not sitting around with nothing to do. Try redirecting to activities that the person enjoys
  - Try 5 or 6 small meals a day
  - Have healthy snacks available, such as apples, carrots, etc.
- For under-eating
  - Talk with the doctor about possible illness, pain, or medication affects
  - Check with the doctor about supplemental drinks, such as Ensure
  - Offer the person a glass of juice before the meal to increase appetite
  - Make sure the person is getting enough exercise
  - Try to make foods the person likes
  - Try feeding all of one food before moving to the next. Some people get confused by the change in texture or taste
  - Be flexible. Let the person eat when he/she is hungry if possible

CLINICAL SUPPORT:

- Have a good dental check-up of the person's gums, teeth and dentures
- Check with a doctor to see if problems with eating is a side effect of a medication or health problem
- Have vision or glasses checked
- Refer to PCP to evaluate for appropriate dietary needs. Request referral for swallowing evaluation (particularly important in later stages)

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP
- Refer to Meals on Wheels
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Topic Sheet – "Difficulty with Eating"

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

B ans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (A

Difficulty Using the Toilet

Identify the Problem	**PROBLEM:** Difficulty Using the Toilet/Incontinence (wetting, accidents) **GOAL/EXPECTED OUTCOME**: To reduce difficulty with toileting/incontinence
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Does the person have pain or an infection, such as a urinary tract infection (UTI)? • Is the person constipated? • Is the person getting enough to drink or drinking too much? • Has the person had a change in medications? • Does the person have a chronic illness, such as diabetes, Parkinson's, stroke? • Does the person have trouble with vision or moving around that makes it hard to get to the bathroom in time? • Is the person too far from the bathroom or is the bed too high up? • Is it hard for the person to undress in time to use the bathroom? • Does the person not remember what to do once he/she is in the bathroom? • Is the task of going to the bathroom too hard for the person? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Is the person embarrassed? Is there not enough privacy? **Understand the possible meaning of the problem to the caregiver:** • Is the caregiver frustrated? • Is the caregiver worried? • Is the caregiver embarrassed?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Use a bedside commode to make toileting easier • Install grab bars or raised toilet seats to make toileting easier and safer • Maintain proper hygiene: ensure the person has wiped properly, that skin is clean and dry, and that hands are washed • Immediately after an accident, make sure skin is washed and dried and clothes are changed, to avoid rashes and sores • Try to make the bathroom visible from where the person sits or sleeps. Keep the bathroom door open with a light on. • Assist the person to the bathroom regularly, before there is an accident • Try keeping a regular bathroom schedule of after meals and before bed • Be sure the person is drinking enough fluids, but limit fluid intake in the evening • Make steps simple and give one at a time. Explain clearly and in a gentle tone • Make clothing easy for the person to get on and off to use the bathroom, such as elastic waistbands and Velcro • Use protective "undergarments" if needed. Change them regularly to avoid harming the person's skin • Try to avoid getting frustrated or angry with the person when there are accidents

- Give the person as much privacy as possible

CLINICAL SUPPORT:

- Refer to PCP to evaluate for any possible infections or medications that may be contributing to the incontinence
- If the person has a fever for more than 24 hours report it to the doctor immediately. UTIs are often accompanied by fevers and can be dangerous when untreated
- If the person is on a diuretic, speak to the PCP about dosage and time of day it is administered
- Refer to PCP to place Durable Medical Equipment (DME) order as needed
- Refer for Occupational Therapy evaluation

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
    - ALZ Direct Connect® referral
    - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
    - Website: www.alzheimersla.org
- Send literature:
    - Caregiver Tip Sheet – "Toileting" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Home Safety Concerns

Identify the Problem	**PROBLEM:** Home Safety Concerns (falls, guns, knives, stoves, leaving the person alone) **GOAL/EXPECTED OUTCOME**: To increase personal and home safety
Explore	**ASSESS FURTHER:** • Has a home safety assessment been conducted? • Is the person ever left alone in the home? • Does the person cook on his/her own? • Does the person bathe on his/her own? • Does the person take medications by him/herself? • Does the person smoke? • Does the person have access to dangerous or hazardous items, such as medications, cleaning products, knives, guns, sharp tools, matches, etc.? • Is there a lot of stuff on the floors that could be tripped over? • Are there grab bars, hand rails, adjusted toilets or beds in the home? • Does the person use assistive equipment, such as a wheelchair, cane, walker, or lift? • Who would the caregiver call if he/she needed help? • What would the caregiver do in an emergency?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** Prevention and safety-proofing the home is important. The goal is to make the environment safe *before* an accident happens. Remember: people with Alzheimer's can have compromised judgment and ordinarily "safe" and "normal" household items can become hazards (i.e., knives, appliances, cleaning products, etc.) • Consider home adjustments o Install grab bars by the toilet and in the shower o Use equipment such as hand rails, ramps, adjusted toilets or beds, wheelchair, cane, walker, and lifts, as needed o Remove things that can easily break and are not needed o Provide enough lighting (stairwells and the doorway to the bathroom should be brightly lit day and night) o Unplug the kitchen disposal o Inexpensive motion detectors can alert the caregiver when the person enters a room where they should not be or gets out of bed • Look at the floor o Remove small rugs, rugs that are thick, or rugs that might slide o Remove low pieces of furniture that may not be easily seen o Don't shine or wax floors o Keep items off of the floor that can be tripped over (cords, books, toys, boxes, etc.) o Make sure the bathroom and kitchen floors are kept dry and avoid walking on them with wet feet o Use tables and chairs that are stable enough to lean on • Remove dangerous items o Keep knives, scissors, guns, sharp tools, matches and lighters (and cigarettes) in a locked area

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

  - Keep all medications (prescriptions, vitamins, aspirin, etc.) locked up
  - Razors and nail clippers should be locked up and out of sight
  - Move all cleaning supplies to a high shelf or lock them away
  - Take off stove/oven knobs; use baby locks to secure items in cabinets
  - If total abstinence from smoking is not possible, then watch the person closely when smoking
  - Remove potentially toxic indoor plants
- Don't leave the person alone. Consider safety risks, such as:
  - Stove/oven, running water in the kitchen
  - Running water unattended/scolding hot water in the bathroom
  - Burning cigarettes, cigars, pipes, candles
  - Opened or unlocked doors or gates – risk of wandering/getting lost

CLINICAL SUPPORT:

- If there is any concern about possible safety issues, neglect or harm within the home, follow standard of practice, policies, procedures, and reporting mandates
- Refer to PCP for assistive equipment
- Refer to PT/OT to ensure correct use of assistive equipment

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP
- Refer to agencies that provide low-cost home modifications
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Local Community Resources:____
  ____
- Send literature:
  - Caregiver Tip Sheet – "Keeping Home Safe" (English and Spanish)
  - Home Safety Assessment

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Insists on Driving

Identify the Problem	**PROBLEM:** Insists on Driving **GOAL/EXPECTED OUTCOME**: To increase driving safety and to be from harm
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Does the person see his/her car keys and think of driving? • Does the person see his/her car and think of driving? • Does the person feel he/she needs the car to get something done? • Does the person feel powerful by getting certain tasks done for the family? • Has the person always had a routine that involves driving, such as going to work or running certain errands? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel like he/she is losing his/her independence? • Does the person feel angry? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel guilty? • Is the caregiver scared for the person's safety?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • If the person tries to drive most in the morning, be prepared with other activities during that time of day • Offer the person other forms of safe, reliable transportation • Reassure the person that he/she will still be able to get to where he/she needs to go • Park the car on another block or in a neighbor's driveway so it is not visible • Do not leave car keys where the person can see them • Replace the car keys with a set that won't actually start the car • Find creative reasons the person cannot drive, such as the car needs to be repaired. If the person accepts this reasoning, continue to use it • Try to get to the car first, so the person does not have time to get into the driver's seat before you • Find another way for the person to feel empowered, such as asking him/her to take control of a different activity • If the person insists on getting a certain task done, assure him/her that it is already taken care of and then redirect to an enjoyable activity
	CLINICAL SUPPORT: • Refer to PCP/social worker for conversations around driving and safety NOTE: Providers must report the diagnosis in accordance with California law • Ask the person's doctor to talk with the person about driving. Sometimes it's helpful for doctors to write a "prescription" for the person to stop driving. If they see it written from the doctor, they might be more likely to follow the instructions. If this is helpful, it may need to be repeated often because the person may forget it happened

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to low cost and accessible transportation services
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Local Community Resources:
  ____
  ____
- Send literature:
  - Caregiver Tip Sheet – "Driving" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

Takes Medicine the Wrong Way

Identify the Problem	**PROBLEM:** Takes Medicine the Wrong Way **GOAL/EXPECTED OUTCOME**: To improve medication management, compliance, and safety
Explore	**ASSESS FURTHER:** • What medication is the person taking? Can the caregiver make a list? • Is there anything that is causing the person to have trouble taking medications the way they were prescribed? • Is the person taking medications on his/her own? • Is the person refusing to take medications? • How often does the person have trouble with medications? • Where are the medications being kept? • Are all of the medications stored in the same place? • Has the person been showing any sudden and unusual changes in cognition and/or behavior?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** As Alzheimer's disease progresses, the caregiver will need to take over medication management. Caregivers will not be able to rely on the person with Alzheimer's to take medications on his/her own • Do not leave the person alone to take his/her medication • Watch closely. Make sure the person: o Takes the right pills and the right amounts o Takes medications at the right times o Follows the directions on the medication • Lock away medications: o Do not leave medications in a pill box or cup on the counter o Make sure all medications are out of sight and out of reach • Talk to ALL the doctors: o Talk to the doctor about any medications that may have been prescribed by separate provider o Do not stop giving any medication without asking the prescribing doctor first o Bring all medications in a bag or box to every doctor visit ▪ Include vitamins, herbs, teas, creams, and other pills from the drugstore o Ask the doctor if medications can be mixed into food or drinks ▪ This may be helpful if you are having trouble getting the person to take his/her pills o Ask the person's doctor about switching to medications that last longer so the person does not have to take them as often o Ask the person's doctor about the possible side effects of each medication • Try setting alarms for when medications need to be taken • Help the person get to the pharmacy or have the medications delivered to the home

CLINICAL SUPPORT:

- Refer to PCP if there is ANY sudden and unusual change in person's cognition and/or behavior. It could be caused by a medication reaction, medication interaction, or a new illness
- Refer to pharmacist to review all medications
- Refer to PCP or pharmacist to discuss any difficulties with medication administration and compliance
- Refer to PCP or pharmacist to discuss alternative methods of medication administration, such as crushing pills or longer-lasting dosages

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to IHSS
- Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Send literature:
  - Caregiver Tip Sheet – "Medications" (English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Wanders/Gets Lost

Identify the Problem	**PROBLEM:** Wanders/Gets Lost **GOAL/EXPECTED OUTCOME**: To reduce wandering through non-pharmacological approaches
Explore	**ASSESS FURTHER:** **Understand the possible triggers of the problem:** • Has the person recently moved to an unfamiliar place? • Is the person trying to go somewhere like work, church, or home? • Does the wandering happen around the same time every day? • Is the person trying to meet a basic need, such as hunger or thirst? • Is the person searching for the bathroom? • Is the person bored? • Is the person trying to get away from too much noise or an unpleasant activity? **Understand the possible meaning of the problem to the person with Alzheimer's:** • Does the person feel lost and scared? Is he/she looking for home? • Is the person confused by his/her surroundings? • Is the person experiencing anxiety from too much stimulation/noise? **Understand the possible meaning of the problem to the caregiver:** • Does the caregiver feel frustrated? • Is the caregiver scared for the person's safety?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Be prepared: o Don't leave the person alone near an unlocked door o Get a Medic Alert + Safe Return® bracelet for the person o Sew or write the person's name and your phone number onto clothing o If the person is looking to fulfill a basic need, such as toileting, hunger, or thirst, guide the person o In the early stages, cues such as signs or pictures can be placed on things such as the bathroom door so the person can more easily find things o Put away items, such as coats, purses, or keys that might make the person think about leaving o Cover doors/exits so they are less visible o Close curtains so the person does not think about going outside o Ask your neighbors to keep an eye out for the person wandering outside alone o Encourage physical activity to reduce restlessness • Make the home safe: o Put child-proof locks on doors, gates, and windows o Place locks very high or low so the person can't see or reach the locks o Place a bell on doors, gates, or windows so you know if they are opened • Provide a distraction:

	○ Use positive words when you are redirecting the person. Try not to say "No, Don't, Can't, Should Not…" Try saying, "Let's do this first," "Wouldn't it be fun to…" "What if we..." ○ Plan activities during the time of day that the person wanders most ○ Offer the person something he/she likes to eat ○ Ask the person for his/her help with an activity, such as folding laundry or setting the table ○ Sit quietly with the person and listen to music or watch TV
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation ○ ALZ Direct Connect® referral ○ Provide Helpline #: 844.HELP.ALZ | 844.435.7259 ○ Website: www.alzheimersla.org • Send literature: ○ Caregiver Tip Sheet – "Getting Lost" (English and Spanish)
	FOLLOW UP: ○ Schedule a phone call with caregiver to discuss outcomes and provide additional support
	NOTES: ______________________________ ______________________________ ______________________________ ______________________________

Caregiver Depression/Stress

Identify the Problem	**PROBLEM:** Caregiver Depression/Stress (feeling blue and/or overwhelmed) **GOAL/EXPECTED OUTCOME**: To reduce caregiver depression and stress
Explore	**ASSESS FURTHER:** • Depression o What happens right before the caregiver feels depressed? o How does the caregiver know when he/she is depressed? What does it feel like physically and emotionally that lets him/her know? o How often does the caregiver feel depressed? How many times per day/week? o How does the caregiver act when he/she is feeling depressed? o Is there anything the caregiver does that helps to reduce feelings of depression? o Is there anyone the caregiver can talk to when he/she is feeling this way? • Stress o What happens right before the caregiver feels stressed? o How does the caregiver know when he/she is stressed? What does it feel like physically and emotionally that lets him/her know? o How often does the caregiver feel stressed? How many times per day/week? o How does the caregiver act when he/she is feeling stressed? o Is there anything the caregiver does that helps to reduce feelings of stress? o Is there anyone the caregiver can talk to when he/she is feeling this way? • Is the caregiver feeling socially isolated? • Is the caregiver having increasing family disagreements? • Is the caregiver having uncomfortable feelings about his/her relationship with the person he/she cares for? • Does the relationship feel strained? • Does the caregiver have feelings of guilt?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Join a support or education group or identify a trusted friend/family/clergy member you can talk to when you are feeling this way • Try to stay connected with family and friends • Focus on what you are *able* to do as a caregiver; remember that caregiving can be very challenging • Set realistic goals • Ask for help with caregiving from others in the family or community • Try to take a break and do something *you* enjoy. Consider physical activities when possible, such as taking a walk • Plan ahead for emergencies to reduce anxiety and stress

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CLINICAL SUPPORT:

- Follow clinical guidelines and procedures for depression screening, intervention and referral
- If abuse and/or neglect is suspected, follow standards of practice, policies, procedures, and reporting mandates
- Encourage caregiver to discuss his/her depression and stress with a social worker/therapist. Direct to PCP for referral as needed
- Review specific questions to help prepare the caregiver for the discussion with PCP
- Coach caregiver on how to talk with PCP
- Consider further screening and assessment as needed

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Refer to respite services
- Refer to IHSS
- Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP
- Refer to CBAS
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
  - ALZ Direct Connect® referral
  - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
  - Website: www.alzheimersla.org
- Local Community Resources: ____
  ____
- Send literature:
  - Topic Sheet - "Caregiver Depression"

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____

Difficulty Providing Care Because of Your Health

Identify the Problem	**PROBLEM:** Difficulty Providing Care Because of Your Health **GOAL/EXPECTED OUTCOME**: To reduce problems related to functional limitations
Explore	**ASSESS FURTHER:** • Is there someone else helping with caregiving needs that are harder for the caregiver to do alone? • Who would the caregiver call if he/she needed help? • What would the caregiver do in an emergency? Who would the caregiver call? • Is there equipment in the house that helps the caregiver with caregiving needs, such as grab bars, hand rails, adjusted toilets or beds, lifts? • Does *the caregiver* use assistive devices to help with getting around, such as a wheelchair, cane, or walker? • Does the *person with dementia* use assistive equipment to help with getting around? (This may help make caregiving easier on the caregiver) • Is the caregiver fatigued? Remember: fatigue may become a health problem when caregiving. Tiredness, poor sleep and low energy may be signals that more help is needed from others than is currently being provided
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Remove anything on the floor that may create a risk for falling/slipping, such as rugs, shoes, or other objects • Install grab bars by the toilet and in the shower • Use equipment such as hand rails, adjusted toilets or beds, wheelchair, cane, walker, lift if they are needed • Try to let the person do as much as he/she can on his/her own, but always put safety first • Ask for help from family or friends
	CLINICAL SUPPORT: • If abuse or self-harm is suspected, follow standard of practice, policies, procedures, and reporting mandates • Schedule a visit or phone call with PCP • Encourage caregiver to discuss functional limitations and health concerns with his/her PCP • Review specific questions to help prepare caregiver for the discussion with PCP: encourage caregiver to wrooite questions down • Refer to Physical Therapy/Occupational Therapy for correct use of assistive equipment and safe body mechanics. Discuss how to safely lift and carry
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Refer to IHSS • Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP • Refer to CBAS • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation o ALZ Direct Connect® referral

	- Provide Helpline #: 844.HELP.ALZ | 844.435.7259 - Website: www.alzheimersla.org • Local Community Resources: ____ ____ • Send literature: - Topic Sheet – "Safe Body Mechanics" - Topic Sheet – "Caregiver Health"
	FOLLOW UP: • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	NOTES: ____ ____ ____ ____

Lacks Understanding of Dementia

Identify the Problem	**PROBLEM:** Lacks Understanding of Dementia **GOAL/EXPECTED OUTCOME**: To increase understanding of the nature, symptoms, and course of dementia
Explore	**ASSESS FURTHER:** • What is the caregiver's understanding of Alzheimer's disease and dementia? • What would the caregiver like to know more about? • Is the caregiver frustrated because he/she does not understand the disease or the symptoms of the disease? • Does the caregiver feel confused or "stuck" about what to do in challenging situations? • If refusal of care is occurring, does the caregiver understand it is a part of the disease process? • Is the caregiver worried? • Is the caregiver in denial? • Are there cultural barriers to the caregiver's understanding of the disease?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Learn effective communication strategies • Learn how to use the *IDEA!* strategy to manage challenging behaviors • Learn about potential safety concerns
	CLINICAL SUPPORT: • Refer to PCP, nurse and/or social worker for disease education: ○ Nature of disease ○ Symptoms, course of disease, and changes that may occur ○ What to expect in terms of treatment and recommendations ○ Care recommendations
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation ○ ALZ Direct Connect® referral ○ Provide Helpline #: 844.HELP.ALZ | 844.435.7259 ○ Website: www.alzheimersla.org • Local Community Resources:______________________________ ____ • Send literature: ○ Topic Sheet – "What is Alzheimer's Disease?"
	FOLLOW UP: • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	NOTES: ____ ____ ____

Alzheimer's
LOS ANGELES

Legal and Financial Planning

Identify the Problem	**PROBLEM:** Legal and Financial Planning (paying the bills, power of attorney, etc.) **GOAL/EXPECTED OUTCOME**: To facilitate legal and financial planning
Explore	**ASSESS FURTHER:** • Does the person have capacity to make legal and financial decisions? If so, engage the person as much as possible to plan ahead • Does the person have a Durable Power of Attorney for Finances? • Does the person have a Durable Power of Attorney for Healthcare? • Does the person have a conservator? If so, what type? • Does the person have an authorized representative? • Who pays the bills? • Who manages any bank account(s)? • Where are the person's important documents kept?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Discuss with family importance of getting legal/financials affairs in order • Have all necessary documents completed, notarized, and filed in an appropriate place
	CLINICAL SUPPORT: • If financial abuse is suspected, follow standards of practice, policies, procedures and reporting mandates • Guide family to speak with a doctor and social worker about healthcare documents and legal and financial considerations • Refer family to legal services, if needed
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Refer to low/no cost legal services • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation o ALZ Direct Connect® referral o Provide Helpline #: 844.HELP.ALZ | 844.435.7259 o Website: www.alzheimersla.org • Local Community Resources: ____ ____ • Send literature: o Topic Sheet – "Legal and Financial Planning"
	FOLLOW UP: • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	NOTES: ____ ____ ____ ____

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

Long-Term Care Planning

Identify the Problem	**PROBLEM:** Long-Term Care Planning **GOAL/EXPECTED OUTCOME**: To facilitate long-term care planning
Explore	**ASSESS FURTHER:** • Does the person have capacity to make long-term care planning decisions? If so, engage the person as much as possible • What are the long-term planning issues? o Financial needs? o Legal needs? o Durable Power of Attorney for Finances? o Durable Power of Attorney for Healthcare? o Residential options (possible changes in residence?) o Finding other available caregivers? o End of life decisions? • Staying at home o Will the person be safe to remain at home with 24/7 in-home assistance? o Are there resources available to maintain living at home? (i.e., financial resources, caregiving resources, family support) o Does the person have adequate hours of in-home supportive services to assist with: ▪ Medication management? ▪ Overnight/daytime supervision? ▪ Medical care? ▪ ADL assistance? ▪ IADL assistance? o Is there someone available to live with the person long-term and provide needed care for the needed hours? o Does that caregiver understand symptoms and safety concerns of caring for a person with dementia? • Long-term care out of the home o Is there any opposition to long-term care facility placement as needed? o Does the caregiver know about residential care facility options? (Suggest visiting a variety of facilities before a crisis arises). Consider: ▪ Monetary cost ▪ Travel time to the facility ▪ Physical environment of the facility ▪ Background/interests of the person you care for • Does the caregiver and/or the family know about Medicaid waiver programs?

Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Learn about different long-term care options • Utilize respite resources, including other family members, friends, community members, neighbors, volunteer organizations, etc., to maintain living at home • Professional caregiver, short and long-term in-home help • Discuss facilities that provide over-night respite • Discuss long term care plans with all involved caregiver and the person being cared for, before a crisis happens • Learn about and discuss the challenges of physical care in the late stages of the disease • Seek assistance from family and friends when touring facilities and making decisions
	CLINICAL SUPPORT: • Refer to PCP to discuss and assess medications, medical care needs, and required levels of care (ongoing assessment)
	CAREGIVER SUPPORT AND COMMUNITY RESOURCES: • Listen empathically to caregiver and evaluate for level of distress • Refer to Legal and Financial Planning and End-of-Life care plans, as they may overlap • Refer to Home and Community-Based Services Planning and Management (HCBS CPM) formerly MSSP • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation ○ ALZ Direct Connect® referral ○ Provide Helpline #: 844.HELP.ALZ | 844.435.7259 ○ Website: www.alzheimersla.org • Local Community Resources: ____ ____ • Send literature: ○ Topic Sheet – "A Guide to Different Levels of Care"
	FOLLOW UP: • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	NOTES: ____ ____ ____ ____

End-of-Life Planning

Identify the Problem	**PROBLEM:** End-of-Life Planning **GOAL/EXPECTED OUTCOME**: To increase understanding of preserving dignity at the end-of-life
Explore	**ASSESS FURTHER:** • Does the person have capacity to make end-of-life plans? If so, engage the person in this process as much as possible to plan ahead • What is the *person's* understanding of hospice care? How does the person feel about hospice? • What is the caregiver's understanding about the *person's* wants and needs for end-of-life care? Did the person ever discuss this with the caregiver? • What are the *caregiver's* wants and needs for the person he/she is caring for? • Does the person have a POLST (Physician Order for Life Sustaining Treatment) on file with the medical team? • Does the person have an Advanced Healthcare Directive? • Does the person have a Durable Power of Attorney for Healthcare to make end-of-life medical decisions? If so, who is making these decisions? • Is there someone the caregiver trusts and feels comfortable discussing these questions with? • Is the caregiver overwhelmed? • Is the caregiver confused about end-of-life care options? • What are the caregiver's cultural/religious beliefs about end-of-life?
Adjust Problem solve with interventions and actions	**TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:** • Complete necessary paperwork (POLST, Advanced Directives, etc.) • Discuss medical care decisions with family and doctors • Learn about hospice care (hospice is provided to people with a life expectancy of 6 months or less and offers many supportive services to the person and family that focus on comfort and enhancing quality of life) • Speak to trusted family, friends or clergy about your concerns
	CLINICAL SUPPORT: • Refer to PCP to discuss POLST, Advanced Healthcare Directive, Durable Power of Attorney for Healthcare, etc. • Refer to doctor for discussion about end-of-life care needs for the person • Refer to social worker for social/emotional support, counseling and assistance with end-of-life planning • Refer family to PCP for hospice referral • Suggest caregiver speak to hospice about pain/discomfort management • Encourage self-care for caregiver

Best Practice Care Plans have been adapted from the Alzheimer's Disease Coordinated Care for San Diego Seniors (ACCESS) Project

CAREGIVER SUPPORT AND COMMUNITY RESOURCES:

- Listen empathically to caregiver and evaluate for level of distress
- Identify possible informal community support systems (church/clergy, neighbors, friends, family, etc.)
- Refer to local hospice services
- Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation
    - ALZ Direct Connect® referral
    - Provide Helpline #: 844.HELP.ALZ | 844.435.7259
    - Website: www.alzheimersla.org
- Local Community Resources: ____

  ____
- Send literature/refer to website:
    - http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3277 (Advanced Directives)
    - http://www.nhpco.org/about/hospice-care (Discussing hospice care)
    - http://capolst.org/ (POLST form in English and Spanish)

FOLLOW UP:

- Schedule a phone call with caregiver to discuss outcomes and provide additional support

NOTES:

____

____

____

____