

# Dementia Care: Health Complications

## Learner Workbook



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# DEMENTIA CARE: HEALTH COMPLICATIONS

Residents with dementia may be more susceptible to health problems. Three of the most common health complications, including pneumonia, swallowing disorders and aspiration, may lead to death among residents with dementia. In this course, we will discuss methods to identify, prevent, and intervene successfully in order to ensure the best quality of care for each of your residents.

## Identifying Health Complications

Because of communication challenges, it may be complicated at times to know when a resident with dementia is experiencing health complications. In some cases the resident may exhibit behaviors that you may not relate to a health condition. For example:

- Agitation
- Irritation
- Aggression
- Change in daily routine

## Urinary Tract Infections (UTI)

Urinary tract infections (UTI) are a common health complication among residents with dementia. A UTI is an infection that can happen anywhere along the urinary tract. Urinary tract infections are caused by germs, usually bacteria, which enter the urethra and then the bladder. This can lead to infection, most commonly in the bladder itself, which can spread to the kidneys. Women tend to get UTIs more often because their urethra is shorter and closer to the anus than in men.

As a caregiver it is your responsibility to monitor for this complication. When monitoring residents for UTI you want to keep the following in mind:

- Look for change in condition
- Changes in behavior
- A resident holding his/her abdominal area
- Increased urgency in the need to void
- Residents complaining of pain

- Smaller amounts of urine when voiding
- Urine may smell foul, cloudy and dark in color
- Low grade fever

If you see these changes in condition with a resident, always have his or her physician examine the resident to determine the presence of a UTI. Very often, mental changes or confusion is misdiagnosed as dementia or a psychiatric problem when it is in fact a result of a UTI. Once a UTI is diagnosed, make sure to follow all physician orders and ensure the resident completes the entire regimen of antibiotics prescribed, even if he or she confesses to be alright.

### **Interventions to Avoid UTI**

Residents and their families are counting on our care to provide interventions to avoid UTI and other health complications that can potentially lead to death or other serious illness. Interventions we can implement may include:

- Encourage/assist the resident to stay hydrated and have balanced nutrition
- Good incontinence care as well as proper hygiene for the continent resident
- Encourage/assist using the bathroom throughout the day

Be creative and always follow your Community policies and procedures as well as state regulations. Get to know your residents and understand what is normal for each individual in order to recognize a concern or change in his or her condition.



## CHECK FOR UNDERSTANDING: DEMENTIA CARE-HEALTH COMPLICATIONS

**Which of the following conditions are signs that a resident may have a urinary tract infection (UTI)?**

- A. The resident may be confused or disoriented
- B. The resident has an increase urge to urinate, but has smaller amounts of urine when voiding
- C. The resident has a low grade fever
- D. All of the above

**Explain your answer:**

## **Pneumonia**

Pneumonia is a life threatening health complication that must be monitored among residents with dementia. Things you should look for include:

- Drowsiness
- High fever
- Rapid breathing
- Chills
- Cough
- Chest pain
- Blue tint to lips or nails in severe cases
- Flu like symptoms

## **Interventions to Avoid Pneumonia**

Let's talk about some interventions to help residents with dementia avoid pneumonia. It is essential that residents obtain the proper vaccinations to prevent or manage health complications.

Other interventions include:

- Good nutrition and hydration
- Regular physical activities, as tolerated
- Monitor for aspiration
- Manage dysphagia
- Report symptoms to physician immediately

## Dysphagia and Aspirations

It is very important to monitor residents when they are eating. Dysphagia and aspiration can be caused by inhaling small bits of food or liquids into the lungs. Some people may be completely unable to swallow or may have trouble swallowing liquids, foods, or saliva.

Aspiration occurs when liquids or solids are breathed into the respiratory system instead of properly being swallowed into the stomach.

Dysphagia is difficulty, discomfort or pain when swallowing or the inability to swallow.

Dysphagia occurs when there is a problem with any part of the swallowing process. For example:

- Weak tongue or cheek muscles may make it hard to move food around in the mouth for chewing. Food pieces that are too large for swallowing may enter the throat and block the passage of air.
- Other problems include not being able to start the swallowing reflex (a stimulus that allows food and liquids to move safely through the pharynx) because of a stroke or other nervous system disorder.
- Another difficulty can occur when weak throat muscles cannot move all of the food toward the stomach. Bits of food can fall or be pulled into the windpipe (trachea), which may result in lung infection.

When monitoring residents for dysphagia and aspiration, the things you will need to look out for include:

- Choking on foods, liquids or medications
- Coughing during or after eating
- Wet sounding voice
- When a resident needs extra effort to chew or swallow
- Pocketing food

Treatment will vary depending upon the cause. One concern for residents with dysphagia or aspirations is the lack of nutrition and fluid intake the resident needs to stay strong and healthy.

## **Interventions for Residents with Swallowing Problems**

Here are some interventions you may want to consider to assist residents who have problems swallowing:

- Have the resident sit upright when eating
- Tilt the resident's head slightly forward when eating
- Ensure the resident remains sitting or standing upright for at least 15 to 20 minutes after eating a meal
- Minimize distractions in the dining area. Discuss some Community specific methods
- Do not encourage residents to talk until they have swallowed their food
- Encourage the resident to eat slowly
- Cut food into small pieces
- Encourage swallowing more times after each bite or drink
- Modified diets if physician ordered (work with the resident's physician and a dietitian to make sure the resident is obtaining optimal nutrition.)

Always follow your Community policy and state regulations. Our goal is to provide the highest quality care to each of our residents and prevent as much as possible from health complications. As a person ages, his or her body functions begin to slow down. This is why your job as a caregiver is so valuable to monitor any changes a resident may be experiencing in order to offer successful interventions to these health complications. Be sure to talk with your supervisor immediately if you notice any of these concerns we have discussed.



## CHECK FOR UNDERSTANDING: DEMENTIA CARE-HEALTH COMPLICATIONS

**Louis is a 72 year old resident who has been showing signs of dysphagia. She constantly refuses to eat because she is afraid of choking on her food. What are some interventions you should consider to ensure Louis receives proper nutrition?**

- A. Encourage Louis to sit upright when eating and tilt her head slightly forward
- B. Maximize distractions in the dining area so she will not think about choking
- C. Encourage Louis to eat slowly and possible cut food into smaller pieces
- D. Talk to Louis' physician about a modified diet
- E. Both A, C, and D

**Explain your answer:**