

Advanced and Specialty Care Environments

Techniques for Activities of Daily Living

Residents with Alzheimer's and related disorders have unique needs. You must meet these needs as part of giving routine care and helping them with the activities of daily living. You will be challenged to give care in ways that do not cause distress.

Remember the stage of the resident's disease as you plan care. Tailor your methods to the individual resident to help them do daily activities more easily and with dignity. The goal is to help the resident have a positive experience with all activities. Whenever you give care, the resident should feel as though they are participating as fully as their ability allows.

Toileting

Residents with Alzheimer's eventually lose control of their bladder and bowels. Because of their cognitive impairment, they cannot identify the feeling of needing to go to the bathroom. They lose the ability to find the bathroom, to undress, to use the toilet, and to clean themselves. They may reach this stage sooner if they have difficulty locating restrooms or communicating their need to go. Residents' verbal and nonverbal cues may show you when they need to go to the bathroom. You can prevent them from becoming incontinent at an early stage and maintain their dignity and independence longer if you recognize their cues.

As the disease progresses, you will see changes in their independence in toileting. Some residents can control their bowels and bladder if you help them find bathrooms and remind them to toilet. They will need your help with the mechanics of toileting, such as wiping, flushing, and pulling their underwear down and up. Eventually they become completely incontinent. They may not hear or understand reminders to use the toilet and may resist your help and your offer of incontinence products.

Follow these guidelines to help a resident remain continent as long as possible:

- Always be ready to help residents find bathrooms, and help as needed with toileting.
- Know residents' toileting schedules to predict when they may need your help. This also helps you recognize cues that a resident needs to use the bathroom.
- Help a resident with incontinence products when needed. You can ease the transition into using these products by placing underwear over them.

- Communicate slowly and gently with residents while toileting. Give them extra time to respond.
- Providing a distraction may be useful when a resident resists your help. A pleasant distraction may be to provide a favorite snack.
- Remember that toileting is personal. Wearing incontinence products can be embarrassing and upsetting. Keep in mind how you would like to be treated, and maintain residents' dignity at all times.

Hydration

The body has a basic need for fluids (hydration). Water is the primary source of hydration. You may not understand how a resident can be thirsty when a water pitcher or water fountain is within easy reach. These objects become unfamiliar to them, and they do not notice or recognize them. The resident may go thirsty without your help in locating or providing water. Because these residents have difficulty telling you what they need, watch for verbal and nonverbal cues that show you their needs. As the disease progresses, residents may not be able to find water fountains or a water pitcher. They may not ask for something to drink when they are thirsty. Eventually they may not give you any cue at all.

Follow these guidelines to meet residents' hydration needs:

- Offer fluids according to their individual needs.
- Offer fluids more often and in smaller amounts, especially for residents who have difficulty swallowing. If a resident has trouble swallowing, tell the nurse immediately.
- Offer fluids in response to verbal cues such as "My mouth is so dry."
- Offer fluids when a resident shows nonverbal signs of thirst (dry mouth, agitation, tongue hanging out, or rummaging or searching behavior).
- Don't ask if the resident is thirsty; just bring water and let them drink.

Eating

Residents with Alzheimer's disease and other cognitive disorders need help finding the dining area and then eating. Tell the nurse about any changes in their abilities so that dietary trays are set up and the food choices are appropriate for each resident's abilities.

In the early stage of illness residents can eat by themselves, but watch that they can still use their knife properly. They eventually lose eating skills and the ability to use utensils and straws. They may have problems with positioning and swallowing.

Follow these guidelines to help residents with eating:

- Ensure proper body positioning.
- Prompt them and give cues to keep eating, chewing, and swallowing as needed.
- Give them time to eat.
- Cut, season, and de-bone their food. Peel fruit if necessary. Their food should be ready to eat when the tray is put before them.
- Watch for any trouble using utensils. Give a fork and spoon to residents who cannot use a knife properly. Then give only a spoon when the fork is no longer manageable. When a spoon is no longer manageable, give the resident only finger foods. (It is okay for residents to use their fingers when they eat.)
- Watch for problems like the person ignoring one side of their plate (which may result from a visual problem), not being able to handle food and drinks served together, not eating other food if dessert is served with the meal, or having trouble swallowing.
- Watch for a resident pouring their drink in their plate. If a resident does this, do not give food and drink at the same time.
- Add a sweetener to give food more appeal, if needed.
- If a resident will not sit long enough to eat, offer nutritious finger foods such as a sandwich or wrap, fruit, raw vegetables, nutrition or protein bar, etc.

Dressing

A resident's ability to dress and undress will change as the disease progresses. At first these residents can get dressed by themselves with limited supervision. You may only have to choose clothing appropriate for the season or occasion. Some residents may need coaxing to change their clothes or take off their clothes at night. Others may try to change their clothes repeatedly throughout the day.

Some residents need help putting their clothes on properly, like putting shoes on the right feet and tying their shoelaces. They may have problems wearing their glasses, dentures, and hearing aids all day. They may resist your help in dressing or undressing.

Eventually they need total assistance with dressing and cannot wear supportive appliances. They may remove their shoes and socks or clothes that fasten in front. They may fiddle constantly with buttons, zippers, or hems. They may resist changing their clothes and wearing underclothes.

Try to make dressing simpler and more enjoyable. Be ready to help whenever you see your help is needed. Simplify the process according to the person's individual needs.

Follow these guidelines for dressing residents as the disease progresses:

- Offer only two outfits and ask the person to choose one.
- Select clothing for the person to wear if they cannot choose for themselves.
- Simplify dressing by laying out clothes in the order they are put on.
- Dress residents in clothing that is easy to put on and take off. Avoid using belts and ties. You may have to help them place their arms, legs, and head in openings and fasten buttons, snaps, and zippers (Figure 7-2).



Figure 7-2 When helping residents to dress, choose clothing that is easy to put on and take off.

- If a resident resists your efforts to dress or undress them, they may need friendly coaxing. If they resist in the morning, wait until after breakfast. If they resist at night, encourage the family to bring in clothing they can wear day or night, like jogging suits, sweats, yoga pants, t-shirts, loose cotton dresses, etc. Then you can change their clothing only once a day, in the morning.

- If a resident resists wearing nonessential clothing like bras, slippers, or stockings, do not force them to wear them.
- Make sure that the resident's shoes are on the correct feet. Residents who begin wearing only one shoe may need to be assessed for a foot problem, or their shoes should be checked for fit and condition. If no problem is found, they might wear slipper socks with non-slip soles instead of shoes. Talk to the nurse about this.
- Always be gentle and patient. Use words and gestures to communicate, move slowly, and give the resident time to understand what is happening. If the resident resists, leave and come back later. Try again with a big smile and a slow, patient manner.

Bathing

Bathing is often a traumatic experience for these residents, but it need not be. With your help, bathing can be done smoothly, without upsetting the resident. Consider each resident's needs and past routine.

Residents may rely on you to tell them when to bathe. They may need help finding the bathroom and supplies like soap, washcloth, towel, and shampoo. They may need help getting into and out of the shower or bath, adjusting the water, and washing and drying themselves. As a resident experiences more physical and cognitive decline, their ability to bathe may become limited to washing and drying their hands and face. Encourage any action a resident can do independently, even if it seems very small. Residents may develop a fear of water in a shower or tub and resist your efforts to help.

Follow these guidelines to help with bathing:

- Experiment to see what time of the day works best — not everyone needs to be bathed in the morning.
- Help them find the bathroom and get ready to bathe or shower. You should be ready to help if the resident is struggling.
- Make bathing more comfortable by warming the bathroom ahead of time.
- Help the resident undress, get into and out of the shower or bath, and wash and dry.
- Give directions to make sure that the resident cleans and dries themselves thoroughly. Talk the resident through it and/or demonstrate what to do.
- Encourage residents to wash easily reached areas like their face, chest, and thighs.
- Help with shampooing if assistance is needed. Instead of washing hair in the shower, you can wash hair at the sink and try to keep water off the person's face.
- Use simple one-step commands (“Rinse your arm ... now rinse your shoulder.”). Place your hand over the resident's hand to guide them.
- Avoid actions that may make residents afraid of bathing. Use a hand-held shower nozzle, but do not wet a resident's face or hair directly with the spray. You can wet their feet first in the tub or shower before immersing them in the water. Give a sponge bath as needed instead of putting a resident completely in the water.
- Move slowly and give the person time to understand what you are communicating or doing.
- When a resident resists, you can distract them with a favorite snack or offer a drink after bathing.

Grooming

Good grooming helps preserve a resident's dignity. Grooming includes combing and brushing the hair, washing the face, brushing the teeth, removing and reinserting dentures, shaving, and applying makeup, lotion, and/or cologne. Some residents can groom themselves with your encouragement and supervision. As their skills decline, they need more help from you.

Residents may resist having their hair combed or brushed. They may stop using their glasses, hearing aids, or dentures. They may resist shaving and stop using supportive appliances. Eventually they depend on you completely for their grooming.

Follow these guidelines to make grooming easier and more pleasant:

- Be ready to help with any part of grooming.
- Simplify tasks as needed to encourage self-grooming. Help the resident get started with each task.
- Encourage residents to attend the facility's morning grooming program (if offered) and apply any finishing touches such as cologne and makeup. This promotes a positive self-image and good self-esteem.
- Gently communicate with residents during grooming. Use sensory cues to encourage grooming, like putting a warm washcloth on their face or applying warm shaving cream with a shaving brush. Move slowly to give them more time to understand what you are doing.
- When a resident stops using supportive appliances all day, give them to the resident only at beneficial times.

For example, dentures are needed at meals but are not necessary at other times. Make sure you retrieve the resident's dentures after each meal.

- If a male resident resists shaving, check for pain, such as a razor burn, dry skin, oral problem, earache, or other discomfort. If they keep resisting, do not force shaving at this time. Try later using more sensory cues. If they still resist, try every day but do not force care on them. Let family members know that this is a normal behavior and that you will resume shaving the resident when they are more receptive to the activity.

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