

Introduction Orientation and Resident Rights

Instructor Guide



UPDATED JANUARY 25, 2011



INSTRUCTOR GUIDE: **ORIENTATION AND RESIDENT RIGHTS**

Overview	This module will address the responsibility we have as care providers to ensure residents are treated with respect and to assist them to maintain his/her dignity. This module will discuss the professional conduct to promote resident dignity and resident rights.
Video(s)	<ul style="list-style-type: none">• “Orientation and Resident Rights” (25 minutes)
Special Supplies	The resident rights outlined in this outline are generally accepted nationwide as appropriate for residents in assisted living. We recommend that you distribute a copy of your state’s regulations on Resident Rights to all participants.
Learning Objectives	<ol style="list-style-type: none">1. Resident’s rights according to federal and state laws;2. Safe alternatives to the use of restraints;3. The purpose of the state Ombudsman.

QUIZ KEY: Orientation and Resident rights

1. List three essential qualities of a professional caregiver:

Cheerful, empathetic, sensitive, honest, considerate, responsible

2. A professional caregiver never:

- a. Talks about residents with unauthorized individuals
- b. Forces a resident to participate in activities
- c. Tells a resident they cannot have visitors
- d. All of the above**

3. A professional caregiver should:

- a. Perform the care assigned, even if he/she is not yet trained.
- b. Perform any care requested by the family.
- c. Only perform the tasks for which he/she has been trained**
- d. None of the above

4. Wearing large ornate jewelry could:

- a. Harm a resident by causing injury during personal care.
- b. Harm the wearer if it catches on something.
- c. Make it difficult to perform resident care.
- d. All of the above**

5. If you meet a neighbor in the grocery store and he asks about a resident's medical condition, you should:

- a. Give him as much information as possible.
- b. Respectfully explain that you cannot discuss the medical conditions of a resident.**
- c. Tell him the resident is fine.
- d. Report him to adult protective services.

6. Give three examples of how a caregiver can protect the dignity of a resident:

Call them by name, protect their privacy, speak respectfully, make eye contact

7. Is a resident allowed to refuse medication from facility staff?

a. Yes

b. No

8. If you answered yes to number 7 above, who should be notified?

a. Police

b. Fire department

c. Adult protective services

d. Resident's physician

Special Needs of the Elderly

Instructor Guide



UPDATED JUNE 23, 2011



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INSTRUCTOR GUIDE:
SPECIAL NEEDS OF THE ELDERLY

Overview	In this module we will examine age related changes our residents may experience, discuss effective interventions to assist our residents with these changes, and observe for signs and symptoms of dementia.
Video(s)	“Special Needs of the Elderly” (60 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. What is normal aging, aging theories, and aging changes;2. How we age;3. Myths and facts about aging;4. Successful aging;5. Changes in body systems as we age;6. Age-related grief and loss;7. Ageism and resident dignity;8. Supporting optimum health and wellness.

QUIZ KEY: SPECIAL NEEDS OF THE ELDERLY

1. If a resident has a problem with ear wax build up, you should:
 - a. Place warm moist wash cloths on the outside of the ear before cleaning
 - b. Gently clean out the ear canal as far as you can reach with a cotton swab
 - c. Instill warm oil in the ear
 - d. Make a physician appointment**

2. If a resident has increasing hearing problems, what might you observe?

The resident repeats things
May cup hand behind the ear
May isolate themselves
May become agitated or frustrated
Doesn't participate in conversations

3. List at least four things you can do for a resident with a visual impairment.

Provide adequate lighting
Have activity and reading materials in large print
Remind the resident to wear their glasses
Use contrasting colors
Describe placement of things in the environment
Do not rearrange furniture without first advising the resident

4. You should remind a resident to use caution when entering a room that has a dramatically different light level because:
 - a. A resident can be frightened of the dark
 - b. The resident's eyes need time to adjust to a different light level**
 - c. A change in light can cause permanent blindness in the elderly
 - d. None of the above

5. When a resident has a poor appetite it is best to:
 - a. Serve very large portions so they are encouraged to eat
 - b. Serve small portions so they can finish the food and offer more if desired**
 - c. Skip every other meal so the resident can build up an appetite
 - d. All of the above

6. When a resident has a respiratory infection you may notice:
 - a. Elevated body temperature
 - b. Fatigue
 - c. Increased sputum
 - d. All of the above**

7. If a resident who uses routine oxygen develops a red area under his nose, your first intervention should be:
 - a. Clean the area well and apply Vaseline twice a day for three days
 - b. Put a small amount of baby oil on the red area to sooth the area
 - c. Clean the area twice a day with rubbing alcohol
 - d. None of the above**

8. If a resident has had a stroke and cannot say words easily you should:
 - a. Try to complete the resident's sentences for him so he is not embarrassed
 - b. Tell the resident to speak as little as possible, so he does not become frustrated
 - c. Have patience when the resident is speaking**
 - d. All of the above

9. Functional incontinence interventions typically include:
 - a. Have the resident perform special pelvic exercises as ordered by the physician
 - b. Leave the light on in the bathroom**
 - c. Possible surgical enlargement of the urethra so it functions properly
 - d. All of the above

10. A dark, blackened area on the skin, called eschar, is:

- a. A concern as there may be greater tissue damage we cannot see**
- b. A good sign that the skin is healing and the scabbing over
- c. Is not a major concern, unless it is larger than a half dollar
- d. None of the above

11. Which of the following best describes skin care for elderly residents?

- a. Their skin is very strong and does not require special care.
- b. Skin monitoring should only be done by a Registered Nurse or physician.
- c. Pressure ulcers are normal.
- d. Their skin typically becomes frail and should be monitored for breakdown.**

12. The memory impairment seen in Alzheimer's disease can be best described as:

- a. Short term memory is affected first**
- b. Long term memory is affected first
- c. Both short term and long term are affected immediately
- d. Memory is unaffected

Assisting With Activities of Daily Living

Instructor Guide



UPDATED June 22, 2011



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**INSTRUCTOR GUIDE:
ASSISTING WITH ADLS**

Overview	This module will address techniques to promoting resident independence. We will define activities of daily living. When assisting with activities of daily living, only provide resident care you can safely carry out. Always follow your resident specific protocol.
Video(s)	"Assisting with ADLs" (43 minutes)
Special Supplies	This outline offers general information and tips for assisting with ADLs. Detailed instructions for assisting with specific ADLs are covered in the video and should be reinforced by actual hands on training of how to ambulate, transfer, etc. in your community.
Learning Objectives	<ol style="list-style-type: none"> 1. Activities of daily living (ADLs); 2. Instrumental activities of daily living; 3. Reason for assistance; 4. Encouraging independence among residents; 5. What is person-centered care; 6. Transfer and ambulation; 7. Bathing; 8. Shaving; 9. Dressing; 10. Perineal care; 11. Toileting; 12. Feeding; 13. Oral care; 14. Skills check list for each type of ADL.

QUIZ KEY: ASSISTING WITH ADLS

1. Which of the following is not a reason to assist residents with grooming?
 - a. Being well groomed can enhance the resident's medication use**
 - b. Being well groomed can enhance the resident's self esteem
 - c. Being well groomed can enhance the resident's feelings of self worth
 - d. Being well groomed can enhance the resident's desire to participate in activities

2. Which of the following encourages independence with activities of daily living?
 - a. Adequate lighting
 - b. Putting items within easy reach
 - c. Praising the resident
 - d. All of the above**

3. ADL is an acronym for:
 - a. Advancing Daily Living
 - b. Activities of Daily Living**
 - c. Activity in Declining Life
 - d. Activities Don't Last

4. A resident who needs the grooming items set out and partial performance of the task by the caregiver is considered:
 - a. Independent
 - b. Stand by assist**
 - c. Total assist
 - d. None of the above

5. Describe two important steps when transferring a resident from a wheelchair to a bed or chair:

Lock the wheels
Disengage the foot rests
Put the chair at a 45 degree angle

6. When assisting a resident to transfer, you should:
- a. Bend at the waist
 - b. Bend at the knees**
 - c. Always use a mechanical lift
 - d. Always get assistance from a second caregiver
7. Name at least two actions you should perform after transferring and before walking away from the resident.

Ensure good body alignment
Ensure the resident is in a safe position
Ensure the resident is comfortable
Ensure clothing is not twisted or pulled

8. How should the water for the shower be checked?
- a. First by the caregiver, then pointed at the resident so he can feel it on his legs
 - b. By the resident, since he is the one taking the shower
 - c. By the caregiver, then pointed away from the resident allowing him to feel it with his hand**
 - d. By the caregiver only
9. When washing the resident's face:
- a. Use soap as this is most hygienic
 - b. Use water only, as soap can be drying
 - c. Use a combination of soap and water at all times
 - d. Use what the resident prefers**

10. When assisting the resident to shave with an electric razor, the face should be:

- a. Dry**
- b. Wet

11. When assisting the resident to shave with a safety razor, the face should be:

- a. Dry
- b. Wet**

12. If a resident has a weakened arm due to a stroke, when dressing you should:

- a. Put the sleeve on the strong side first
- b. Put the sleeve on the weak side first**

13. If a resident has a weakened arm due to a stroke, when undressing the resident:

- a. Take off the strong side first**
- b. Take off the weak side first

14. When cleaning the resident's genital area:

- a. Wipe from the back to the front
- b. Wipe from the front to the back**

15. When assisting a resident to eat who is visually impaired, how can you describe where the food is on his plate?

Describe the plate as a face of a clock. For example, "your peas are at two o'clock."

17. Describe at least two important steps when assisting a resident to eat:

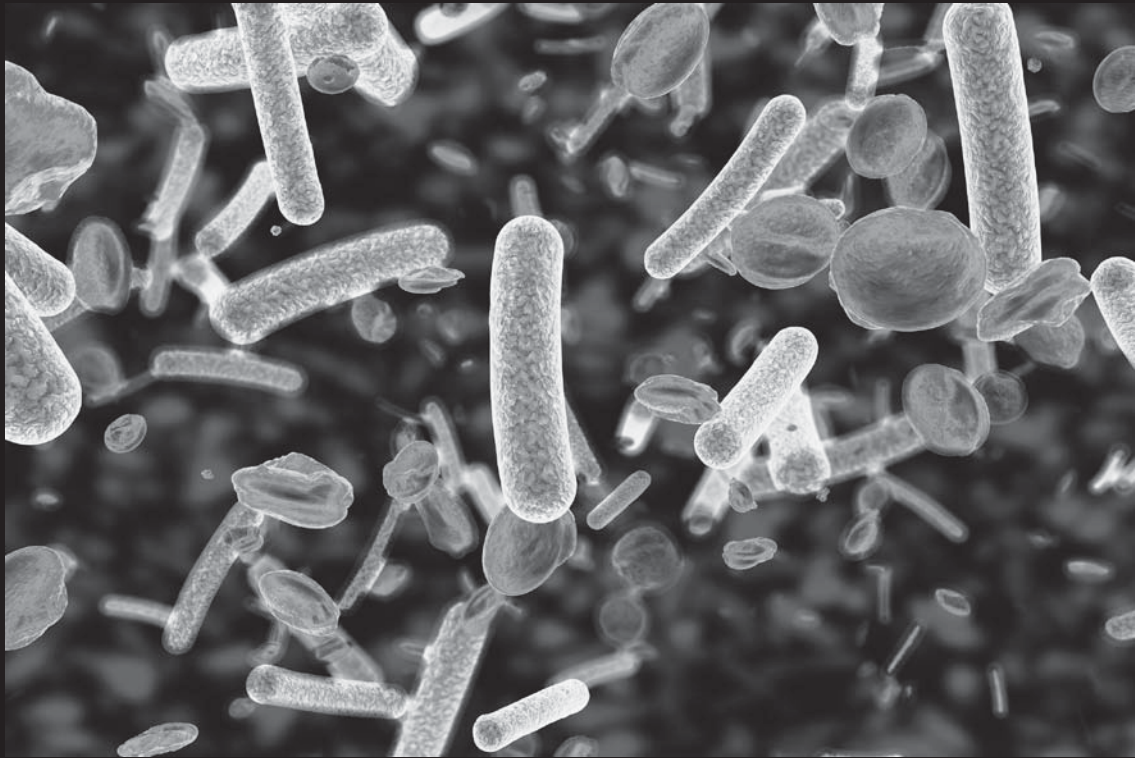
Make pleasant conversation
Use appropriate size bites
Do not rush or hurry the resident
Ensure safe food temperature
Monitor for choking or aspiration
Encourage resident to remain upright for 15-20 minutes after eating

18. When cleaning a resident's dentures, what should you do to the sink to help prevent damaging the dentures?

Put a washcloth in the sink and fill it with water

Infection Control

Instructor Guide



UPDATED JUNE 22, 2011



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Instructor Guide:
INFECTION CONTROL

Overview	Throughout this course the participant will learn precautions that can be taken to prevent the spread of illness within our Community. We will discuss how to limit the spread of infection, how to perform effective hand washing, how to use apply and remove gloves safely, as well as how to handle sharps.
Video(s)	<ul style="list-style-type: none">• “Infection Control” (23 minutes)
Special Supplies	Note that this module requires return demonstration. Be sure to have necessary supplies available/accessible (i.e. gloves of various size, lindens, hand washing area, etc.)
Course Outline	<ol style="list-style-type: none">1. Common infections in Assisted Living and Residential Care Communities;2. Signs and symptoms of these common infections;3. Standard precautions and infection control according to the CDC;4. Stopping the spread of infection;5. Effective hand washing;6. Gloves, how to apply and remove safely;7. Disposal of contaminated articles;8. Warning labels;9. Reporting exposure –Immediately following an exposure to blood, and Reporting the exposure to your supervisor.

QUIZ KEY: INFECTION CONTROL

Name: _____

Date: _____

1. Infection control is the responsibility of:
 - a. Direct care staff only
 - b. Only the administrator
 - c. The residents
 - d. Everyone in the facility**

2. In the chain of infection a reservoir refers to a place where a germ can grow and may include which of the following?
 - a. The human body
 - b. A dirty towel hanging in the bathroom
 - c. Contaminated food not disposed of or stored properly
 - d. All of the above**

3. Which of the following is the most common type of infectious agent?
 - a. Bacteria**
 - b. Virus
 - c. Fungi
 - d. None of above

4. The four modes of transmission include which of the following?
 - a. Breathing, coughing sneezing, and contact
 - b. Contact airborne, vehicle, and vector**
 - c. Airborne, coughing, sneezing, and breathing
 - d. Radio, television, cellular phone, and Morris code

5. Which of the following is not an example of indirect contact?
- a. Transmission from an infected person to an inanimate object, then to a susceptible host
 - b. Needle-stick injuries
 - c. One person touching another person**
 - d. A person using a contaminated towel left in the bathroom
6. Cleaning and disinfecting prevents disease by minimizing infectious agents and reservoirs. While cleaning and disinfecting you should:
- a. Wear gloves
 - b. Clean before you disinfect
 - c. Clean with cold water and rinse with warm water
 - d. All of the above**
7. Which of the following is not an appropriate way to protect a susceptible host?
- a. Regular bathing
 - b. Regular oral hygiene
 - c. Adequate nutrition and rest
 - d. Vaccination
 - e. None of the above, they are all appropriate**
8. Which of the following statements can be used to describe standard precautions?
- a. They reduce the transmission of bloodborne pathogens, such as HIV, hepatitis B, and syphilis
 - b. Staff should isolate themselves from infected residents
 - c. Standard precautions apply to everyone
 - d. Both a and c are correct**
9. Washing your hands is an important standard precaution that protects both the resident and yourself. You should wash your hands:
- a. After caring for a resident who is infected
 - b. Before and after first aid
 - c. After personal contact, such as sneezing, coughing, and using the restroom
 - d. All of the above**

10. Gloves are the most important piece of protective equipment and should be _____.

- a. worn anytime you anticipate contact with blood or body fluid
- b. removed after each task including when moving from room to room or from one resident to another
- c. only when dealing with infected residents or equipment
- d. both a and b are correct**

Understanding California Medication Regulations

Instructor Guide



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INSTRUCTOR GUIDE:

UNDERSTANDING CA MEDICATION REGULATIONS

Overview	This video reviews key concepts from California RCFE medication regulations, including handling of physician orders, PRN medications, eye drops, and more.
Video(s)	"Understanding CA Medication Regulations (15 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. What You Should Do When: Resident Arrives with Medication2. Medication is Refilled3. A Dosage is Charged Between Refills4. Medication is Permanently Discontinued5. Medications Are Temporarily Discontinued and/or Placed on Hold6. Medication Reaches Expiration Date7. Resident Transfers, Dies, or Leaves Medication Behind8. Resident Missed or Refused Medication9. Medications Need To Be Crushed or Altered10. Medications are PRN or "As Needed"...11. Medications are Injectables12. Over-the-counter Medications, Including Herbal Remedies, are Present13. You "set up" or "pour" Medication14. Assisting with Medications (passing)15. Medications are Received or Destroyed16. Medications are Prepackaged17. Sample Medications are Used18. Transferring Medications for Home Visits, Outings, Etc.19. House Medications/stock Supplies of OTC Medications are Used20. Residents Use Emergency Medication(s)21. Blood pressure and Pulse Readings are Taken22. Residents need assistance with the Administration of ear, nose and eye drops23. Medications need to be stored24. Miscellaneous

QUIZ KEY: UNDERSTANDING CA MEDICATION REGULATIONS

1. What should you do if a family brings in medication that does not have a label from a pharmacy?
 - a. Ask the family to get it in a pharmacy labeled vial next time
 - b. Do not use the medication, explain how it must be labeled, and ask the family to return with it properly labeled**
 - c. Do not use the medication until you tape the doctor's order to the outside of the container
 - d. None of the above

2. Are physician orders required to give a medication?
 - a. Yes**
 - b. Yes, unless it is an over the counter medication, like Tylenol or aspirin
 - c. No, as long as the responsible party or conservator is aware the medication is taken
 - d. Yes, unless it is a vitamin

3. What medications must be written onto the Centrally Stored Medication Record?
 - a. Any medication which is centrally stored**
 - b. Any medication, other than over the counter medications
 - c. Only new medications
 - d. Any medication purchased by the community

4. When a medication is refilled, you should:
 - a. Log it onto the LIC 622 Centrally Stored Medication Record
 - b. Discuss any changes with the resident
 - c. Inspect the container to be sure all information is correct
 - d. All of the above**

5. Prescription labels may be altered by:
 - a. Community staff designated to handle meds
 - b. The administrator only
 - c. The resident
 - d. None of the above**

6. When a medication is discontinued permanently, you must have:
 - a. A physician order**
 - b. An order from the family
 - c. An order from the resident
 - d. Any of the above

7. When a medication is discontinued permanently, it must be:
 - a. Given to licensed charitable organization for distribution to the poor
 - b. Destroyed or returned to the pharmacy**
 - c. Given to the family
 - b. Given to the resident

8. When a medication is temporarily discontinued, it must be:
 - a. Destroyed
 - b. Returned to the pharmacy
 - c. Given to the family
 - d. None of the above**

9. What kind of medications has an expiration date?
 - a. All medications**
 - b. All medications except ointments and creams
 - c. All medications except injectables
 - d. None of the above

10. When a resident transfers out of the community:

- a. Never give the medication to the responsible party to take to the new location, it must be destroyed
- b. Destroy the medication within 10 days
- c. Whenever possible it should go with the resident or responsible person or authorized representative, according to CCL guidelines**
- d. None of the above

11. When a medication is transferred with a resident, the medication should:

- a. Be counted**
- b. Be placed in something other than the original container from the pharmacy
- c. Destroyed immediately
- d. Returned to the family

12. If a resident refuses to take his medication:

- a. You may force it in the mouth and force the resident to swallow using gentle pressure
- b. Don't worry about it
- c. Notify the physician within 14 days
- d. None of the above**

13. If a resident continually refuses medication, it may be necessary to:

- a. Stop trying to give the resident medication
- b. Reassess the resident**
- c. Use stronger measures
- d. Ask another resident to give the medication

14. In order to crush a medication, you must have:

- a. A special license
- b. A physician order**
- c. Nothing, there are no special requirements
- d. Approval from licensing

15. If a resident has provided the community with a signed physician statement indicating his ability to determine his need for PRN medications, can clearly communicate his need for an “as needed” medication, and you have a complete physician order to give the medication, you:

a. May assist with the medication as ordered

- b. May not give the medication, without first calling the physician each time prior to giving the medication
- c. May never give a PRN medication
- d. None of the above

16. When a medication is an injectable, like insulin, it may be given by:

- a. Any living relative of the resident
- b. A certified medical assistant
- c. A currently certified administrator

d. None of the above

17. Injections are:

- a. Not allowed in a residential care community
- b. Allowed only if the resident can self inject
- c. Allowed only if the resident can self inject or it is given by a licensed nurse or physician**
- d. All of the above

18. Herbal medications:

- a. May not be centrally stored, as they are not made by licensed drug manufacturers
- b. May be centrally stored if the community agrees
- c. Must be centrally stored to the extent that prescription medications are centrally stored**
- d. None of the above

19. When assisting a resident with medication, the caregiver:

- a. Is only responsible for handing the medication to the resident
- b. Is required to verify if the medication was consumed**
- c. Is only responsible for leaving the medication in the resident's room
- d. None of the above

20. When a resident goes on an outing you may:

- a. Send one dose of the medication**
- b. Send one day of medication
- c. Not send medication out of the facility
- d. None of the above

Psychosocial Needs of the Elderly

Instructor Guide



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INSTRUCTOR GUIDE:

PSYCHOSOCIAL NEEDS OF THE ELDERLY

Overview	This module will address basic understanding of psychosocial care needs, seeing the resident as a whole person and an individual, implementing interventions for effective psychosocial care, strategies and tips for successful activity programs, and making life meaningful for your residents.
Video(s)	"Psychosocial Care" (31 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Physical well being is important, but we also need to be concerned about care for the resident's psychosocial well being.2. Look at our residents as individuals.3. The resident's psychosocial needs should be evaluated at the time of admission as well as on an on-going basis. Understanding the resident's history and past will help us understand who the resident is today and provide outstanding care.

QUIZ KEY: PSYCHOSOCIAL NEEDS OF THE ELDERLY

Name: _____

Date: _____

1. How does knowing a resident's previous coping mechanisms in life help us as caregivers?

- a. It helps us to decide what medications are best for the resident
- b. It helps us know what can make a resident feel better**
- c. It does not help us; the resident is older now

2. List at least six things you would want to know about the history of a resident:

Family history, work history, hobbies and interests, history of psychiatric illness, coping mechanisms, religious history, birthplace, cultural considerations, significant losses, accomplishments

3. What can help a resident to feel safe and secure?

- a. Keeping other residents from walking in his room without permission
- b. Keeping your promises
- c. Monitoring the resident for care needs
- d. All of the above**

4. You can promote bonding by:

- a. Giving the resident his medication
- b. Giving the resident plenty of "alone time" so he can relax
- c. Help the resident from meaningful relationships by pointing out what he has in common with other residents.**
- d. Discouraging group activities
- e. All of the above

5. A resident will have a good sense of esteem if you:

- a. Do all of his personal care for him
- b. Don't bring up his past work so he does not miss it
- c. Review on a monthly basis his increasing need for care
- d. All of the above
- e. None of the above**

6. List 4 good topics when reminiscing with your resident:

Their home and family, what they did for a living, purchasing their first home or automobile, holidays or seasons

7. How would you know a resident might be depressed? Name at least 5 symptoms:

Change in sleep and/or eating habits, change in activity patterns, not enjoying usual activities, isolation, physical symptoms, suicidal ideations

8. What should you do if you suspect your resident is depressed?

- a. Suggest the family purchase some herbal remedies
- b. Tell the resident it will get better; just act happy
- c. Report changes immediately to your supervisor**
- d. All of the above

9. When a spiritual advisor, minister, etc. comes to visit a resident, it is helpful if we:

- a. Ask them not to visit too often, as the resident may become a fanatic
- b. Provide a quiet area for visiting**
- c. None of the above

10. An alert and oriented resident is sexually interested in another resident who is moderately confused. It appears the confused resident does not understand fully what is happening when the alert resident makes advances. You should:

- a. Immediately contact your supervisor for further instruction**
- b. Tell the alert resident he should be ashamed of himself
- c. Discuss safe sex practices with the confused resident
- d. All of the above

Emergency Procedures

Instructor Guide



UPDATED JUNE 22, 2011



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Instructor Guide:
Emergency procedures

<p>Overview</p>	<p>This module is designed to instruct direct care staff to develop the safety of your residents and employees as the highest priority during an emergency. This course addresses types of emergencies that we may encounter, procedures to follow during an emergency, and the use of fire extinguishers.</p>
<p>Video(s)</p>	<ul style="list-style-type: none"> • “Emergency Procedures” (17 minutes)
<p>Special Supplies</p>	<p>It is imperative that this module incorporates facility-specific procedures. This should include a walk through to orient staff on types of and locations of your emergency equipment, emergency exits, alarms, etc. Practice all procedures discussed in the module as well as any facility specific procedures. This should include the use of fire extinguishers, fire pulls/alarms, fire/emergency drills, etc. Perhaps invite a representative of your fire department or other safety consultant to augment this module.</p>
<p>Course Outline</p>	<ol style="list-style-type: none"> 1. Emergency planning and establishing a plan and have supplies on hand to respond to a disaster; 2. Preparing for different types of emergencies; 3. Fire safety (rescue, alarm, contain, extinguish); 4. Evacuations (when to evacuate, types of evacuations, and routes of evacuations); 5. General procedures on how to evacuate both ambulatory and non-ambulatory residents; 6. What to do if smoke, heat, or flames block all exit routes; 7. How to perform a two person carry; 8. Deciding to relocate; 9. Body mechanics and back safety.

QUIZ KEY: EMERGENCY PROCEDURES

Name: _____

Date: _____

1. A fire extinguisher with an “ABC” rating is designed to be used on what types of fires?
 - a. Electrical fires only.
 - b. Wood fire only.
 - c. Wood and paper fires only.
 - d. Flammable liquid fires only.
 - e. Wood, electrical, paper & flammable liquid fires**

2. Complete facility evacuation is the first step in any emergency scenario.
 - a. True
 - b. False**

3. Overloading electrical circuits can cause electrical fires.
 - a. True**
 - b. False

4. During an emergency evacuation, which of the following should you do?
 - a. Follow the chain of command
 - b. Ensure your safety and the safety of the residents
 - c. Assist and supervise resident evacuation
 - d. Stay calm
 - e. Remove predetermined items such as medications and records if safe to do so.
 - f. Meet at a predetermined assembly point.
 - g. Conduct a headcount.
 - h. Follow directions from emergency personnel.
 - i. All of the above.**

5. 911 should never be called unless directed to by a supervisor, even if you feel it is necessary.
- a. True
 - b. False**
6. Fire extinguishers should be inspected by facility staff _____ for good operating condition.
- a. Annually
 - b. Quarterly
 - c. Monthly**
7. Fire extinguishers should be inspected by an appropriate fire services company _____ and recharged and retagged if necessary.
- a. Annually**
 - b. Quarterly
 - c. Monthly
8. When using a fire extinguisher, remember the term PASS. PASS stands for:
- a. Pull the pin, arm the extinguisher, squeeze the handle to release the chemical, and saturate the fire.
 - b. Pull the pin, aim at the base of the fire, squeeze the handle to release the chemical, and sweep the hose back and forth at the base of the fire.**
 - c. Pull the pin, aim at the base of the fire, saturate the fire, and sweep up any ashes.

Introduction to Dementia Care

Instructor Guide



UPDATED JUNE 22, 2011



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INSTRUCTOR GUIDE:
INTRODUCTION TO DEMENTIA CARE

Overview	This module addresses the definition of dementia, symptoms of dementia, stages, and basic challenges our residents face. We will also address care strategies that you can apply to your residents with dementia.
Video(s)	"Introduction to Dementia Care" (31 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none"> 1. Introduction and fundamental precepts of good dementia care; 2. Anatomy of the brain; 3. Terminology; 4. Symptoms of dementia; 5. Types and causes of dementia; 6. Diagnosing dementia; 7. Alzheimer's disease; 8. Food and dementia; 9. Metabolic disease; 10. Vascular dysfunction may be a key element to Alzheimer's Disease; 11. Cardiovascular disease and AD; 12. Diabetes and AD; 13. Inflammation and AD; 14. Genetics; 15. Alzheimer's disease in persons with down syndrome; 16. Related neurodegenerative disease; 17. Other research; 18. Current medications; 19. Neuropsychiatric symptoms; 20. The stages of Alzheimer's disease.

QUIZ KEY: INTRODUCTION TO DEMENTIA CARE

1. Which is most often affected with dementia?
 - a. Vision, hearing, sense of touch
 - b. Orientation, language, ability to sequence tasks**
 - c. Heart function, liver function
 - d. None of the above

2. Which type of memory function is usually affected first with dementia?
 - a. Short Term**
 - b. Long Term

3. The ability to remember our parent's names, where we grew up or where we were married are all examples of:
 - a. Short term memory
 - b. Long term memory**

4. When a resident with dementia refuses to go to the bathroom, often it is because:
 - a. He is angry at the caregiver and wants to exercise his rights
 - b. He doesn't understand what the caregiver wants**
 - c. He has a bladder infection

5. A resident with impaired judgment needs to be monitored for:
 - a. Safety concerns
 - b. Impulsive actions like crossing the street without looking
 - c. Giving his money away
 - d. All of the above**
 - e. None of the above

6. A resident with dementia who keeps trying to get out of the shower before being completely bathed, maybe doing this because:
 - a. **He has lost the ability to sequence tasks and simply thinks he is done**
 - b. He needs to be disciplined better
 - c. He does not like the facility

7. The important thing to remember when caring for persons with dementia is that:
 - a. Every resident should be treated the same
 - b. Residents with dementia will typically lose the ability to love
 - c. **Residents are unique individuals and we should recognize their differences**

8. A resident who has trouble with memory loss, sleeping, cannot dress themselves easily and sometimes gets lost walking around the facility is most likely in what stage of dementia?
 - a. Early stage
 - b. **Middle stage**
 - c. Late stage

9. Residents do best with a “normalized environment”. Which of the statements below, best describes a normalized environment?
 - a. An environment that has had all decorations removed so the resident is safe
 - b. An environment where staff carefully treat the residents like babies, lovingly caring for them
 - c. **An environment that looks like a regular home with items the resident can successfully use**

10. What are some reasons for challenging behaviors?
 - a. Poor physical health, pain
 - b. Too much clutter
 - c. Asking the residents to do tasks that are overwhelming
 - d. a and c
 - e. **All of the above**
 - f. None of the above

11. If a resident has trouble understanding what you are saying you should:

- a. **Repeat the statement using the same words**
- b. Repeat what you want using different words
- c. Raise your voice so it is louder

12. When speaking to residents with dementia, _____ sentences are best to use.

- a. **Short**
- b. Long

13. When a resident has a catastrophic reaction you may see?

- a. Hitting
- b. Yelling
- c. Running
- d. Combative behavior
- e. **All of the above**
- f. None of the above

14. When a catastrophic reaction occurs, it is best to:

- a. Use firm clear commands with forceful language
- b. Use force to keep the resident safe
- c. Do not wait until the resident has calmed down, as this sends the message that it is acceptable for them to act that way
- d. All of the above
- e. **None of the above**

15. When using a technique called “change of face” when a resident is upset, it means to:

- a. **Have another caregiver step in to help the resident**
- b. Change your facial expression
- c. Massage the residents face gently

Dementia Care: Effects of Medication on Persons with Dementia

Instructor Guide



UPDATED JUNE 22, 2011



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INSTRUCTOR GUIDE:

DEMENTIA CARE-EFFECTS OF MEDICATIONS ON PERSONS WITH DEMENTIA

Overview	Residents with dementia can be particularly sensitive to medications and at risk for inappropriate use. This course will assist your staff to understand the effects and side effects of commonly used psychotropic medications.
Video(s)	"Dementia Care: Effects of Medications on Persons with Dementia" (32 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. What is the role of medication in memory care?2. What are the different categories of medications?3. Observing for side effects and adverse reactions.

QUIZ KEY: DEMENTIA CARE-EFFECTS OF MEDICATIONS ON PERSONS WITH DEMENTIA

1. Medications should not be the preferred choice of managing behaviors.
 - a. **True**
 - b. False

2. One type of medication is used for treating the disease that causes dementia, another is for managing the behaviors that may be caused by dementia.
 - a. **True**
 - b. False

3. What is the disease that most commonly causes dementia?
 - a. Parkinson's Disease
 - b. Pneumonia
 - c. **Alzheimer's Disease**

4. The use of properly prescribed medications can cure dementia.
 - a. True
 - b. **False**

5. Which of the following side effects may be caused by anti anxiety medications:
 - a. Increased tolerance to the medication
 - b. Resident becomes sleepy / sedated
 - c. **a & b**

6. The physician should be notified when a resident exhibits side effects of a medication.
- a. **True**
 - b. False
7. Which steps should you follow when managing side effects of medications:
- a. Be aware of them
 - b. Monitor / get to know the resident
 - c. Communicate with staff and the physician following facility protocol
 - d. Communicate with the family following facility protocol
 - e. Document following facility protocol
 - f. Follow through with the physicians orders
 - g. **All the above**
8. By monitoring and getting to know the resident, you will:
- a. **Be able to recognize unusual behaviors that may be caused by medication**
 - b. Be able to choose when to or not to give a medication
9. Orthostatic Hypotension is the:
- a. Raising of blood pressure when standing up
 - b. **Lowering of blood pressure when standing up**
10. Orthostatic Hypotension may put the resident at risk for:
- a. Sweating profusely
 - b. **Falling**
 - c. Yelling
11. Psychotropic medications:
- a. Take effect and show positive results within minutes of the resident taking the medication
 - b. **May take time to take effect and show any results**

12. Because a resident's physician ordered medications are important to his health and well being, if a resident refuses to take a prescribed medication, you should:

- a. Summon another caregiver to help you place the medication in the residents mouth
- b. Do not worry as the resident will most likely take the next dose
- c. **None of the above**

13. Communication between you and your facility staff regarding a residents' unusual behavior is:

- a. Important because the resident's unusual behavior may be the result of a medical problem which they may not be able to communicate
- b. Not necessary because the physician has examined the resident recently
- c. Important because the resident's unusual behavior may be the result of a side effect of a new medication
- d. **a & c**

14. Proper hydration is important for all residents, particularly those taking medications to manage behaviors.

- a. **True**
- b. False

Dementia Care: Tips for ADLs

Instructor Guide



UPDATED JUNE 22, 2011



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INSTRUCTOR GUIDE:
DEMENTIA CARE: TIPS FOR ADLS

<p>Overview</p>	<p>This module addresses that residents should be encouraged to remain as independent as possible. We will discuss when residents require assistance, approaches that are unique to each resident; when continued refusal occurs, staff must solicit help from a supervisor; and why it is important to share information with coworkers about what approaches work best for each resident.</p>
<p>Video(s)</p>	<p>“Dementia Care: Tips for ADLs” (41 minutes)</p>
<p>Special Supplies</p>	<p>Providing assistance with activities of daily living (ADLs) to residents with cognitive impairments can be challenging for your care staff. This training includes a video that addresses important tips and techniques. During your training with your staff you should address individualized care plans and strategies specific to the needs of your residents.</p>
<p>Learning Objectives</p>	<ol style="list-style-type: none"> 1. Help for caregivers when serving residents with dementia; 2. The future of Alzheimer’s disease; 3. Lewy Body dementia; 4. Vascular dementia; 5. Frontotemporal lobe dementia; 6. Creutzfeldt-Jakob disease (CJD); 7. Huntington’s disease; 8. HIV/AIDs related dementia: AIDs dementia complex (ADC); 9. Co-morbidity; 10. Urinary tract infection and dementia; 11. Dysphagia and aspiration; 12. Skin breakdown; 13. Physical care of residents with dementia; 14. Pre-appraisal; 15. Fundamentals of ADL care; 16. Incontinence care; 17. Falls.

QUIZ KEY: DEMENTIA CARE: TIPS FOR ADLS

1. If a resident insists on wearing the same clothes every day, it may be helpful to:
 - a. **Remove the soiled clothing at night when the resident is sleeping**
 - b. Let the resident continue to wear the clothing, it is their choice
 - c. Do not allow the resident to put on the same clothes in the morning

2. Which of the following may be the cause of a resident becoming aggressive when performing personal care?
 - a. Feeling pain and not being able to communicate it
 - b. Not understanding what is being done to them
 - c. A caregiver invading their personal space
 - d. The resident feeling overwhelmed
 - e. **All of the above**

3. Encouraging a resident's family to bring items that are familiar and comforting to the resident can help bring a sense of home to the resident.
 - a. **True**
 - b. False

4. When beginning a shower or bath:
 - a. Set the water temperature so that it is comfortable
 - b. Let the resident feel the water with their hands first, and then adjust the temperature to their wishes
 - c. **a & b**

5. A very cool room temperature is always the best environment for toileting.
 - a. True
 - b. **False**

6. When a caregiver is brushing the teeth of a resident, use:
 - a. Quick vigorous brush strokes
 - b. Use gentle short strokes**
 - c. Caregivers may never brush a resident's teeth

7. When a resident sits down for a meal:
 - a. Ask them to eat as quickly as possible
 - b. Use an authoritative tone of voice and tell them to "eat now"
 - c. None of the above**

8. If a resident wishes to eat when pacing, a banana may be a good food choice.
 - a. True**
 - b. False

9. Finger foods are not encouraged as they may make the resident feel like a child.
 - a. True
 - b. False**

10. When serving a resident their meal, many times it is easier for the resident if you:
 - a. Place one ready to eat item from the meal on the table before the resident sits down, and then bring the remaining items one at a time**
 - b. Have the resident serve themselves from serving bowls at the center of the table

11. Surrounding the resident with 3 or 4 care staff when toileting may:
 - a. Offer a sense of security
 - b. Cause fear and resistance to toileting**

12. When a resident is making inappropriate weather related clothing choices:

- a. Tell the resident that they may not wear those clothes and pick something the caregiver feels is more appropriate
- b. Let the resident wear whatever they want
- c. As the weather changes throughout the year, pack up in storage boxes the inappropriate clothing so the resident will have appropriate choices in their drawers/closet

13. It is best practice when bathing a resident to make sure they are close to the hot water controls so the resident may adjust temperature as desired.

- a. True
- b. False

14. In some cases, it is more comfortable for a resident to undress in their room, place a robe on, and then enter the bath area.

- a. True
- b. False

Therapeutic Interventions, Activities, and Communication

Instructor Guide



UPDATED JUNE 23, 2011



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INSTRUCTOR GUIDE:
THERAPEUTIC INTERVENTIONS, ACTIVITIES, AND COMMUNICATION

Overview	This module addresses effective techniques to promote therapeutic communication, cueing and modeling, interventions when communication is challenging, and therapeutic activities and normalizing the resident's day.
Video(s)	"Therapeutic Interventions, Activities, and Communication" (27 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Activities, having a meaningful activity program is important to meet our resident's psychosocial needs;2. Cognitive/mental activities;3. Physical/large and fine motor skill techniques;4. Life skills/work activities;5. Cultural and religious based activities;6. Sensory and perceptual activities;7. Pet care;8. Individual and group activities;9. Outdoor activities;10. A day in the life of a resident with dementia.

QUIZ KEY: THERAPEUTIC INTERVENTIONS, ACTIVITIES, AND COMMUNICATION

1. When communicating with your resident, your body language can be important.
 - a. **True**
 - b. False

2. If you speak to a resident and he/she does not respond or understand:
 - a. Try repeating your sentence but change your words and structure your sentence differently
 - b. **Try repeating your sentence using the same words and sentence structure**
 - c. Come back later and try to communicate again

3. It is best to make direct eye contact with a resident when communicating with them.
 - a. **True**
 - b. False

4. You ask Mary if she would like to plant a small fern in a pot. She says she would like that. Which of the following is the more appropriate way to communicate how to plant the fern?
 - a. "Mary, fill the pot with potting soil, dig out a small hole in the potting soil, place the fern in the pot and water it lightly"
 - b. **"Mary, fill the pot with potting soil" and let her complete this task. "Mary, dig out a small hole in the potting soil" and let her complete this task. "Mary, place the fern in the potting soil" and let her complete this task. "Now, water the fern lightly" and let her complete this task.**

5. Reminiscence can be very therapeutic for a resident with dementia. List at least three topics that your resident may enjoy reminiscing about.

- Family
- Work history
- Hobbies
- Favorite foods
- Favorite holidays
- Old cars

6. List at least four simple activities that your residents may enjoy.

- Walking
- Dancing
- Gentle ball toss
- Visits by pets or children
- Folding linen
- Watering plants
- Molding a clay object

7. Flexibility is important in structuring a resident's day. It is usually beneficial to have the same time each day for grooming, eating, exercise, etc.

- a. True
- b. False

Food Service in Dementia Care

Instructor Guide



UPDATE JUNE 22, 2011



Care and Compliance Group™ • 800.321.1727 • www.careandcompliance.com

INSTRUCTOR GUIDE:
FOOD SERVICE IN DEMENTIA CARE

Overview	Is your resident agitated or overwhelmed at mealtime? Does his or her reduced motor skills make it difficult for him/her to feed himself or herself? This course explores techniques and strategies to adjust food and nutrition services to the needs and abilities of your residents. Challenges and interventions for diminished sense of taste and thirst, and loss of motor skills are addressed. In the video included your staff will see actual real world, effective techniques demonstrated to optimize the food service experience in your facility.
Video(s)	"Food Service in Dementia Care" (20 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Staff's role and responsibility in monitoring the residents for eating and drinking.2. Steps care staff can take to encourage good nutrition.3. Discuss the importance of reporting to your supervisor when a resident is not eating or drinking well.

QUIZ KEY: FOOD SERVICE IN DEMENTIA CARE

1. Mealtime is an important social experience.
 - a. **True**
 - b. False

2. One of the most important keys to success in meal service is environment.
 - a. **True**
 - b. False

3. Which of the following are important considerations at mealtime?
 - a. Lighting
 - b. Table setting
 - c. Tablemates
 - d. Comfort
 - e. **All of the above**

4. _____ colors for tablecloth and dishes may be helpful to residents with dementia.
 - a. **Contrasting**
 - b. Matching

5. Soft music during meal time, while enjoyable for some residents, may be a distraction for other residents.
 - a. **True**
 - b. False

6. Tables should be filled with many condiments, decorations, dishes, etc. to offer residents many things to look at.
- a. True
 - b. False**
7. The highest priority at mealtime is _____.
- a. Comfort
 - b. Enjoyment
 - c. Safety**
8. Persons with dementia may have a difficult time determining the temperature of food and liquids.
- a. True**
 - b. False
9. Persons with dementia have a _____ likelihood of choking or aspiration while eating.
- a. Lower
 - b. Higher**
10. "Pocketing" refers to holding small bits of food _____.
- a. In a pocket
 - b. In a napkin
 - c. Between the cheek and gum**
 - d. None of the above

Recognizing Diversity

Instructor Guide



UPDATED JUNE 23, 2011



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INSTRUCTOR GUIDE:
RECOGNIZING DIVERSITY

Overview	Racial and cultural differences do exist in residential communities. You can make a difference through educated and compassionate care staff. This course addresses how diversity can affect caregiving, including religious, culture and sexuality issues.
Video(s)	“Recognizing Diversity” (41 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. What makes us unique?2. Communicating: What if the resident does not speak English?3. Common stumbling blocks4. Safety5. Religion and spirituality6. Sexual orientation7. Residents as individuals

QUIZ KEY: RECOGNIZING DIVERSITY

1. Being a caregiver is more than just assisting with personal care.
 - a. **True**
 - b. False

2. Which of the following contribute to the uniqueness of the resident?
 - a. Biology
 - b. Gender
 - c. Age
 - d. Race
 - e. Nationality
 - f. Language
 - g. **All of the above**

3. Which of the following is appropriate behavior?
 - a. **Laughing with a resident**
 - b. Laughing at a resident

4. Certain body language can be interpreted by a resident as harassment.
 - a. **True**
 - b. False

5. A resident who is fasting should be left alone to practice any religious belief even if you suspect the fasting may pose a hazard to the resident:
 - a. True
 - b. **False**

6. Generally, as senior's age, religion becomes less and less important:
- a. True
 - b. **False**
7. Which of the following interventions may assist in communicating with a resident who has a language barrier?
- a. Speak in a louder voice
 - b. Speak slowly
 - c. Use simple words
 - d. Use words that you may know in the resident's language
 - e. Give instructions in proper sequence
 - f. Never use hand gestures
 - g. All of the above
 - h. a, b, c, d
 - i. **b, c, d, e**
8. Homosexual people are generally much more sexually aggressive than the general public.
- a. True
 - b. **False**
9. The definition of bisexual is:
- a. One who is sexually attracted to others of their own gender
 - b. **One who is sexually attracted to both men and woman**
 - c. One who is sexually attracted to only men

Postural Supports

Instructor Guide



UPDATED 06/30/2015



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INSTRUCTOR GUIDE:
POSTURAL SUPPORTS

Overview	A postural support is a device used to achieve proper body position, balance, or alignment. They are often prescribed by a physician, physical therapist, or occupational therapist. If not used correctly, a postural support could accidentally be used or misused as a restraint. This training will discuss proper use of postural supports and how to avoid every physical restraining a resident with these devices.
Video(s)	“Postural Supports” (20 minutes)
Special Supplies	Having sample devices available is very helpful. You will also want to review your State and Community’s policies regarding the use of postural supports.
Learning Objectives	<ol style="list-style-type: none">1. Definition and examples of postural supports2. Requirements for physician orders3. Reasons for use of postural supports4. Safety considerations5. Avoiding use as a restraint

QUIZ: POSTURAL SUPPORTS ANSWER KEY

Name: _____

Date: _____

1. A postural support is designed to restrict normal movement.
 - a. True
 - b. False**

2. A doctor's order is not needed to use a postural support.
 - a. True
 - b. False**

3. A postural support is:
 - a. A type of restraint
 - b. A device used to achieve proper body position**
 - c. Always applied as a cast
 - d. None of the above

4. Risks associated with using a postural support include:
 - a. Skin breakdown
 - b. Muscle atrophy (contractures)
 - c. Misuse as a restraint
 - d. All of the above**

5. Use of a postural support should be documented:
 - a. No where
 - b. In the employee file
 - c. In the resident's apartment
 - d. In the service plan**

6. The ideal professional to be involved in evaluating the needs of the resident and the appropriate device to use include:
 - a. Physician
 - b. Occupational therapist
 - c. Physical therapist
 - d. All of the above**

7. The service or treatment plan for a resident using a postural support should include a schedule for use and/or position changes of the device.
 - a. True**
 - b. False

8. Which of the following intervention can help to prevent a postural support from being used as a restraint?
 - a. Only use with an order from a medical practitioner
 - b. Never restrict movement of the resident's hands or feet
 - c. Fasten or tie in a manner that permits quick release by the resident
 - d. All of the above**

Special Care Needs: Oxygen, Ostomy, Catheter, and Skin Breakdown

Instructor Guide



UPDATED MAY 9, 2012



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INSTRUCTOR GUIDE:

OXYGEN, OSTOMY, CATHETER, AND SKIN BREAKDOWN

Overview	This course provides the caregiver with real-world, step-by-step advice on caring for residents with these challenging health conditions and needs. Many state regulations require that caregivers receive appropriate training when providing care to residents. This course along with the video provides an excellent resource to assist you in meeting those requirements.
Video(s)	“Special Care Needs: Oxygen, Ostomy, Catheter, and Skin Breakdown” (60 minutes)
Special Supplies	It is always best to show examples of different equipment an employee may encounter while caring for your residents.
Learning Objectives	<ol style="list-style-type: none">1. Special Care Needs2. Ostomy3. Oxygen4. Catheter Care5. Skin and Wound Care6. Skin Breakdown

QUIZ KEY: OXYGEN, OSTOMY, CATHETER, AND SKIN BREAKDOWN

Name: _____

Date: _____

1. A resident with an ostomy requires special clothing to accommodate the ostomy bag.

- a. True
- b. False**

2. Properly care for ostomies should not omit a constant odor.

- a. True**
- b. False

3. Which of the following is true about a stoma?

- a. The nerve endings are only slightly sensitive
- b. There are no nerve endings in the stoma**
- c. The stoma is highly sensitive
- d. None of the above

4. When cleaning a stoma, a rough washcloth should not be used.

- a. True**
- b. False

5. An ostomy adhesive barrier may also be called a:

- a. Patch
- b. Wafer**
- c. Sealer
- d. All of the above

6. When caring for a resident with an ostomy, you notice that the skin around the ostomy is red. You should:
- a. Do nothing because the fluid is not green
 - b. Notify your supervisor so the physician can be contacted**
 - c. Start changing the ostomy bag every day
 - d. None of the above
7. If a resident is using a catheter, the resident's physician would want to know if:
- a. The urine become cloudy
 - b. The urine develops a strong odor
 - c. There is no urine in the bag and it was emptied over an hour ago
 - d. All of the above**
8. Resident-specific physician orders should always be followed, but normally an ostomy bag will be changed every:
- a. 1-2 days
 - b. 2-4 days
 - c. 4-7 days**
 - d. 7-10 days
9. When a resident requires oxygen administration, which of the following is a possible problem area?
- a. Skin breakdown around the ears and nose
 - b. Dry mouth/nose
 - c. Smoking around the oxygen equipment
 - d. All of the above**
10. Oxygen tubing may pose a tripping hazard.
- a. True**
 - b. False

11. A straight catheter refers to a type of catheter that remains in place at all times.

- a. True
- b. False**

12. In order to maintain stability of the catheter tubing, it may be:

- a. Tied to a bed post
- b. Tied to the resident's leg
- c. Taped to the resident's leg**
- d. Taped to the resident's pants

13. A resident may shower/bathe with a catheter in place as long as:

- a. The shower/bath is not too long
- b. The water is not too cold or too hot**
- c. Soap is not used
- d. None of the above

14. Should a resident's catheter fall out, you should:

- a. Immediately clean it with betadine or peroxide
- b. Gently reinsert the catheter
- c. Give the resident aspirin or other fever reducer
- d. None of the above**

15. Which of the following is an early sign of skin breakdown?

- a. Redness**
- b. An open wound
- c. Normal skin color
- d. None of the above

End of Life

Instructor Guide



UPDATED JUNE 22, 2011



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INSTRUCTOR GUIDE:
END OF LIFE

Overview	This module addresses the end of life experience and how it is different for each resident. Care staff play an important role in making the resident feel safe and comfortable. A resident on hospice is still our resident-we do not relinquish all care to the hospice agency. We will discuss what to expect in the dying process, and how to work with the hospice agency.
Video(s)	“End of Life” (60 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Introduction to the different ways residents experience end of life;2. What is grief and loss;3. Looking through the resident’s eyes;4. Meeting the psychosocial needs of our residents.

QUIZ KEY: END OF LIFE

1. If a resident is considered “terminally ill.” Generally speaking it means they have ____ months of less to live.
 - a. 3
 - b. 6**
 - c. 12
 - d. 24

2. When a resident is near end of life and bedbound, in many cases they are still able to hear even if they cannot communicate.
 - a. True**
 - b. False

3. When a resident is near end of life, typically their appetite will:
 - a. Increase
 - b. Decrease**
 - c. Remain the same as before they were ill
 - d. None of the above

4. In the last few days of life a terminally ill resident will typically become:
 - a. Less responsive**
 - b. More responsive

5. Cheyne-Stokes breathing is defined as:
 - a. Continuous shallow breathing typically seen in the last day or so of life
 - b. Several rapid breaths followed by periods of no breaths typically seen in the last day or so of life**
 - c. Normal breathing typically seen in the last day or so of life

6. In the last day or two of life, the resident's breathing may sound wet and gurgling. This breathing:
- a. Causes the resident discomfort and the hospice nurse should be called.
 - b. Typically does not cause discomfort. However, there are medications than can help this condition.**
 - c. Does not cause any discomfort. Do not ever call the nurse about this.
 - d. None of the above

7. If a hospice resident goes two days without a bowel movement, you should:
- a. Do nothing
 - b. Call the hospice nurse**
 - c. Call 911
 - d. Call the resident's family before doing anything else

8. When a resident is near end of life, good skin care is imperative. List three interventions for good skin care:

Good incontinence care

Keeping the resident clean and dry

Repositioning the bedbound resident at least every one to two hours

Utilize good bed making skills

9. List at least three interventions that may make the physical environment more pleasant for the resident:

Encourage visitors, Place plants where the resident can see them,

Place pleasant smelling potpourri in the room, Place a bird feeder outside the window,

Have a favorite pillow or comforter available, Have favorite music or TV shows available

10. Which of the following may be signs the resident is in pain?

- a. Agitation
- b. Sitting or lying in a different position than normal
- c. Breathing quickly
- d. All of the above**