

Monitoring Residents for Changes in Condition

Instructor Guide



UPDATED JUNE 23, 2011



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

INSTRUCTOR GUIDE:
MONITORING RESIDENTS FOR CHANGES IN CONDITION

Overview	In this module we will address reasons for changes in condition, as well as getting to know the individual resident. We will discuss monitoring residents from head to toe, general recommendations, and reporting the changes you observe.
Video(s)	“Monitoring Residents for Changes in Condition” (16 minutes)
Special Supplies	Have a copy of your facility preadmission assessments. This could be a physician report, reports from family members or direct assessments. Review a current individual’s assessments record and discuss any changes in conditions.
Learning Objectives	<ol style="list-style-type: none">1. Change in conditions, examples of changes in condition;2. Causes of changes in condition;3. Medication side effects;4. Urinary Tract Infection (UTI);5. Falls;6. Delirium;7. Establishing a baseline;8. Determining a change in condition;9. Pressure ulcer stages;10. Social change in condition;11. What to do if a change in condition is noted.

QUIZ KEY: MONITORING RESIDENTS FOR CHANGES IN CONDITION

1. Monitoring residents for change in condition is the responsibility of a licensed medical professional, not a caregiver.
 - a. True
 - b. False**

2. Which of the following may be reasons for a change in the condition of a resident?
 - a. Medication side effects
 - b. New Medications
 - c. Disease
 - d. Stress
 - e. All the above**

3. Drooping eyelids and/or slurred speech may be a sign of:
 - a. Stroke**
 - b. Depression
 - c. Heart attack

4. Unexplained back pain:
 - a. Is normal for the elderly and need not be reported
 - b. May be a sign of kidney problems**

5. Edema is:
 - a. Lung congestion
 - b. Irregular heartbeat
 - c. Swelling in the feet and legs**

6. The skin is one of the most “at risk” body parts in the elderly.
- a. **True**
 - b. False
7. Which of the following conditions should be reported immediately?
- a. Shortness of breath
 - b. Increased heart rate
 - c. Abnormal pulse
 - d. Fluttering or tightness in the chest
 - e. Frequent coughing
 - f. **All of the above**
8. Pain, burning, numbness or tingling in the arms and hands may be a symptom of:
- a. **Heart attack**
 - b. Change in activity levels
 - c. Change in diet
 - d. All of the above
9. A black or tarry stool may indicate:
- a. Poor digestion
 - b. **Blood in the stool**
 - c. Not enough liquids consumed
10. If a resident exhibits difficulty in breathing, the first thing you should do is:
- a. Call the physician
 - b. Call the family
 - c. Notify your supervisor
 - d. **Call 9-1-1**

Assisting Residents with Transportation

Instructor Guide



UPDATED MAY 18, 2012



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

INSTRUCTOR GUIDE:
ASSISTING REISENTS WITH TRANSPORTATION

<p>Overview</p>	<p>Transportation is an important component of resident care in Assisted Living Communities. This staff training video addresses important safety and quality of care measures related to transportation including: general vehicle safety; proper use of vehicle lifts; assisting non-ambulatory residents; wheelchair safety; vehicle safety inspections; and more.</p>
<p>Video(s)</p>	<p>“Assisting Residents with Transportation” (15 minutes)</p>
<p>Special Supplies</p>	<p>This Instructor Guide is provided to assist you in developing and conducting a complete inservice on this subject. The staff training DVD provided is intended to be used as a training aid during a more complete training on this subject; the DVD alone is not a complete inservice.</p>
<p>Learning Objectives</p>	<ol style="list-style-type: none"> 1. Describe at least two benefits of having transportation available to the resident. 2. Describe the required components of a vehicle safety inspection. 3. Successfully prepare a resident to go on an outing. 4. Identify the assistance and supervision necessary for each resident during an outing. 5. Describe the steps that should be taken when preparing a resident for a medical appointment. 6. Assist a resident into a vehicle safely. 7. Use a vehicle lift (if applicable)
<p>Hands-On Return Demonstration</p>	<p>It is recommended that the training session includes a hands-on training segment with successful return demonstration by each learner of at least the following:</p> <ol style="list-style-type: none"> 1. Conducting a vehicle inspection 2. Assisting a resident into a vehicle 3. Using a mechanical vehicle lift (if applicable) <p>The Instructor or other staff members should be used as resident “stand-ins” during training.</p>

QUIZ KEY: ASSISTING RESIDENTS WITH TRANSPORTATION

Name: _____

Date: _____

1. Transportation service is not provided by assisted living and residential care providers.

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

2. Transportation can impact the quality of life for your residents.

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

3. Which of the following is a common step(s) in a vehicle inspection?

- a. Changing the oil
- b. Changing the windshield wiper blades
- c. **Checking tire pressure**
- d. All of the above

4. Which of the following should be included in the emergency supplies in your vehicle?

- a. Fire extinguisher
- b. First aid kit
- c. Road flares
- d. **All of the above**

5.

The family or responsible party of a resident is not allowed to supervise/assist a resident during a medical appointment.

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

6. Who is involved in determining the amount of assistance required during an outing?

- a. The caregiver
- b. The administrator/supervisor
- c. The resident's family
- d. **All of the above**

7. List at least three resident safety factors that should be planned for when preparing for an outing:

Amount of assistance needed
Cognitive impairments
Shoes
Medications

Amount of supervision needed
Clothing
Assistive devices

8. The emotional needs of the resident must be considered when preparing for an outing.

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

9. When preparing to take a resident to a medical appointment, you should:

- a. Only allow a nurse to take the resident to the appointment
- b. **Have all necessary paperwork ready in advance**
- c. Require the resident's family member to come with you to all appointments
- d. None of the above

10. All wheelchair lifts are operated in the same manner.

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

Fall Precautions in Assisted Living

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
FALL PRECAUTIONS IN ASSISTED LIVING

Overview	This module will address the risk of falls, including injuries related to falls in the assisted living and residential care Communities. We will go over the risk factors for falling, caregiver responsibilities, and how to respond to a fall.
Time/Duration	
Video(s)	“Fall Precautions in Assisted Living” (30 minutes)
Special Supplies	Provide copies of your facility policy regarding falls during the training, being sure to address when to call 911, chain of command, and other fall response procedures.
Learning Objectives	<ol style="list-style-type: none">1. Introduction and statistics according to the Centers for Disease Prevention and Control;2. Fall risk factors and resident risk factors;3. The effects of medications to fall risk factors;4. Eyesight problems and how it effects the risk of falls;5. Resident fall risk factors: Hip, leg, and foot disorders and injuries;6. How disease and illness can affect resident risk of falls;7. What are the environmental risk factors;8. The fall risk reduction strategies;9. Responding to a fall.

QUIZ KEY: FALL PRECAUTIONS IN ASSISTED LIVING

1. It is the responsibility of the caregiver to do what she can to prevent falls.

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

2. Falls are the leading cause of injury-related death.

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

3. Falling will not increase the risk of premature death.

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

4. What are the most common fractures associated with falls?

- a. Toes, ankle, fingers
- b. Leg, wrist, nose
- c. **Hip, forearm, pelvis**

5. There are psychological effects associated with falls.

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

6. Which of the following is a risk factor of falling?
- a. Age
 - b. Sensory deficits
 - c. Incontinence
 - d. All of the above**
7. A fear of falling can cause the resident to become unnecessarily dependent on caregivers.
- a. True**
 - b. False
8. Lower body strength in a resident can help to prevent them from falling.
- a. True**
 - b. False
9. If you are with a resident when he falls, you should try to hold them up to prevent the fall.
- a. True
 - b. False**
10. It is necessary to document everything when a fall takes place in the facility.
- a. True**
 - b. False

Vital Signs

Instructor Guide



UPDATED MAY 16, 2012



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

INSTRUCTOR GUIDE:
VITAL SIGNS

Overview	Do you expect your caregivers to take vital signs? If so, this video will ensure they are trained in the correct technique. During this video Sandi Flores, RN demonstrates step-by-step techniques for taking blood pressure, pulse, temperature, and weight. Documenting and reporting vital signs are also addressed.
Video(s)	“Vital Signs” (43 minutes)
Special Supplies Instructor Note	Supply a sample thermometer, stethoscope and blood pressure cuff when training on vital signs. Practice on one another until you feel the readings have been successful.
Learning Objectives	<ol style="list-style-type: none">1. Vital Signs2. Temperature Reading3. Pulse Reading4. Respirations5. Blood Pressure6. Weight

QUIZ KEY: VITAL SIGNS

Name: _____

Date: _____

1. Which of the following can cause changes in a resident's vital signs?
 - a. Pain
 - b. Infection
 - c. Medication side effects
 - d. All of the above**

2. Infection typically leads to a decrease in body temperature.
 - a. True
 - b. False**

3. It is best to use a glass oral thermometer for residents with dementia or other cognitive impairments.
 - a. True
 - b. False**

4. Before taking a resident's temperature, it is important to ensure:
 - a. That the resident is lying down for at least 10 minutes
 - b. That the resident hasn't had anything hot or cold in their mouth for at least 10 minutes**
 - c. That the resident is standing up for at least 10 minutes
 - d. None of the above

5. A tympanic thermometer is also called an ear thermometer.
 - a. True**
 - b. False

6. A “normal” pulse for an adult is between:
- a. 20-60 beats per minutes
 - b. 60-100 beats per minute**
 - c. 100-150 beats per minute
 - d. 150-200 beats per minutes
7. “Normal” respirations for an adult are between:
- a. 10-15 breaths per minute
 - b. 15-20 breaths per minute**
 - c. 20-25 breaths per minute
 - d. 25-30 breaths per minute
8. When measuring blood pressure, you should place the blood pressure cuff:
- a. Wherever it is most comfortable for the resident
 - b. On the lower arm, below the elbow
 - c. Directly around the elbow
 - d. On the upper arm, above the elbow**
9. When measuring blood pressure, the systolic number is found when:
- a. You first hear the Korotkoff sounds while slowly deflating the cuff**
 - b. After the Korotkoff sounds fade away while slowly deflating the cuff
 - c. After the cuff is completely deflated
 - d. All of the above
10. The key to accurate weight measurements is:
- a. Consistency**
 - b. Weighing after meals
 - c. Weighing after taking medications
 - d. Variation

Wheelchair and Other Ambulatory Aides

Instructor Guide



UPDATED MAY 15, 2012



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

INSTRUCTOR GUIDE:

WHEELCHAIR AND OTHER AMBULATORY AIDES

Overview	This course teaches your staff how to assist residents with their ambulatory aides and safe transfer techniques. Also explained are practices that should be avoided, such as pushing residents while sitting on their walker bench.
Video(s)	"Wheelchair and Other Ambulatory Aides" (20 minutes)
Instructor Notes	The primary goal of this training session is to familiarize your staff with wheelchairs and other common ambulatory aides. The primary focus of the training should be on safety issues and appropriate assistance techniques. It is recommended that you conduct a hands-on training session utilizing common ambulatory aides with your staff members after they watch the training DVD. Remember, you and your staff should never decide the type or frequency of ambulatory aide to be used by a resident; that decision should be made by an appropriately licensed medical professional.
Learning Objectives	<ol style="list-style-type: none">1. How much assistance to provide a resident when using their ambulatory aide.2. Fundamentals of care, including reporting changes, device storage, and important "DO NOT" procedures.3. Assisting with wheelchairs.4. Special care concerns.5. Walkers and canes.6. Psychosocial concerns.

QUIZ KEY: WHEELCHAIR AND OTHER AMBULATORY AIDES

Name: _____

Date: _____

1. Your resident's service plan should reflect any need for ambulatory devices.

- a. True**
- b. False

2. Who only can determine the need for an ambulatory device for a resident?

- a. Physician**
- b. Caregiver
- c. Family
- d. Administrator

3. Who should train a resident how to use an ambulatory device?

- a. Medical Professional**
- b. Caregiver
- c. Family
- d. Administrator

4. Which of the following should typically be used to clean an ambulatory device?

- a. Soap and water
- b. Windex, or other chemical cleaners
- c. Damp cloth followed by a dry cloth polish**

5. Walkers should never be used as a wheelchair or scooter.

- a. True**
- b. False

6. Typically, residents with dementia require about the same amount of monitoring as residents without dementia when using ambulatory devices.
- a. True
 - b. False**
7. It is important to watch for changes to residents when they are using ambulatory devices. These would include but not be limited to:
- a. Swelling in lower legs or feet
 - b. Bruising
 - c. Change in skin color
 - d. Any changes you feel are important
 - e. All of the above**
8. A resident's walker never needs to be adjusted, they are "one size fits all."
- a. True**
 - b. False
9. A single point cane typically supports:
- a. 5% to 8% of body weight
 - b. 8% to 12% of body weight**
 - c. 12% to 20% of body weight
10. You may use a wheelchair cushion if:
- a. The resident requests
 - b. If physician ordered**
 - c. The family requests
 - d. All of the above

Activities: Encouraging Resident Participation

Instructor Guide



UPDATED JUNE 20, 2011



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

INSTRUCTOR GUIDE:

ACTIVITIES: ENCOURAGING RESIDENT PARTICIPATION

Overview	This course is designed to review activity planning, evaluating resident needs and preferences, and offer creative suggestions to maximize resident participation in your activity program.
Video(s)	<i>"Activities: Encouraging Resident Participation"</i> (31 minutes)
Special Supplies	A well designed activity program will encourage resident participation. Prior to conducting your inservice, create an "inservice packet" for each staff member that includes a copy of your activity calendar, activity assessment form (if you have one), and several resident profiles based on your current residents. Encourage staff members to offer suggestions for improving your activity plan during and after your inservice.
Learning Objectives	<ol style="list-style-type: none">1. Activity assessments, gathering information2. Managing residents at-risk for social isolation3. Techniques for interviewing residents4. Activity timing and scheduling5. Linking relationships6. Activities with a purpose7. Motivating residents

QUIZ KEY: ACTIVITIES: ENCOURAGING RESIDENT PARTICIPATION

1. Your initial assessment of a resident begins the moment they come into the facility.
 - a. **True**
 - b. False

2. An activity assessment:
 - a. Shows the caregiver the times of day that the resident is active
 - b. **Gives information on the psychosocial profile of the resident**
 - c. None of the above

3. Resources of information about your resident include:
 - a. Observation
 - b. The resident's chart
 - c. Family
 - d. **All of the above**

4. Start conversations with the residents with a pen and paper in hand so you can document on their activity assessment.
 - a. True
 - b. **False**

5. "At Risk" resident include those who are at risk for social isolation.
 - a. **True**
 - b. False

6. Reasons for isolation include:
- a. Depression
 - b. A change in condition
 - c. **Both A and B**
7. A “window of opportunity” equals 2 hours blocks.
- a. True
 - b. **False**
8. Out of all the staff in the facility, it is only important for the caregivers to build relationships with the residents
- a. True
 - b. **False**
9. Some residents benefit more from just one on one relationship.
- a. **True**
 - b. False
10. For the resident, doing an activity is about being a part of the process, not just about completing a project.
- a. **True**
 - b. False

Calling 9-1-1

Instructor Guide



UPDATED April 2, 2013



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

INSTRUCTOR GUIDE:
CALLING 9-1-1

Overview	It is important to be prepared to respond to an emergency situation in your Community. Calling 9-1-1 is a simple yet essential action that you should be able to perform and could save someone's life. This video addresses when to call 9-1-1, how to call 9-1-1, and some do's and don'ts while making this important call.
Video(s)	"Calling 9-1-1" (12 minutes)
Special Supplies	There are no special supplies needed for this training video. However, you may want to review the location of the available telephones in your Community as part of the training program. You will also want to review your State and Community's policies regarding proper procedure when calling 9-1-1.
Learning Objectives	<ol style="list-style-type: none">1. When to call 9-1-1<ol style="list-style-type: none">a. When in doubtb. Medical Emergencyc. Fired. Crime in progresse. Life threatening situationsf. Falls2. How to call 9-1-1<ol style="list-style-type: none">a. Phonesb. Stay calmc. Answer all questionsd. Know the location

QUIZ: CALLING 9-1-1 ANSWER KEY

Name: _____

Date: _____

- Which of the following would NOT warrant a 9-1-1 call?
 - Serious medical emergency
 - Fire
 - c. Resident says they have a headache**
 - Car accident where someone is injured

- When calling 9-1-1, it is important to _____.
 - a. Stay calm**
 - Talk as fast as you can to save time
 - Keep the call as short as possible to not waste time
 - All of the above

- Because the 9-1-1 dispatcher can find your location through the phone you're calling from, it is not important to know your location when calling 9-1-1.
 - True
 - b. False**

- If a resident has fallen in your facility, you should move them to a comfortable location before calling 9-1-1.
 - True
 - b. False**

- Which of the following is important to remember when calling 9-1-1?
 - Don't hang up unless instructed to do so
 - Answer all questions the best you can
 - Know the location of the emergency
 - d. All of the above**

6. While providing care in your Community, it is important to know where the closest telephone is at all times just in case an emergency occurs.

a. True

b. False

7. Before the paramedics arrive to the Community, you may want to:

a. Gather medication records to have available for paramedics to review

b. Move furniture or other obstructions to give the paramedics a clear path

c. Provide basic first aid to the resident if necessary

d. All of the above

8. You should hang up the phone as soon as possible so that you don't waste time talking with the 9-1-1 dispatcher.

a. True

b. False

9. If a resident in your Community falls, you should call 9-1-1 _____

a. Only if the resident wants you to

b. Whenever you feel it is necessary

c. After consulting with the residents family

d. None of the above

10. In most emergency situations, it is better to err on the side of caution and call 9-1-1.

a. True

b. False

Incident Reporting

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
INCIDENT REPORTING

Overview	Incident reports are required by state regulations and when done properly can be an important part of your risk management strategies. This course will address when to report an incident, what to document, how to fill out an incident report form, and when multiple reports might be necessary.
Video(s)	“Incident Reporting” (20 minutes)
Special Supplies	Have sample incident report forms available for students to complete. Mark them in bold letters “PRACTICE INCIDENT REPORTS” to avoid them being mistaken for actual incident reports.
Learning Objectives	<ol style="list-style-type: none">1. What is a reportable incident?2. When to complete an incident report3. Who incident reports are submitted to4. How incident reports are maintained in our facility

QUIZ KEY: INCIDENT REPORTING

1. An incident report should be filed if first aid was given to an individual.
 - a. True
 - b. False
2. Which of the following would require that an incident report be filed?
 - a. A fall
 - b. An injury
 - c. A medical emergency
 - d. All of the above
3. An incident report should outline what happened and to who, interventions taken and the condition of the person?
 - a. True
 - b. False
4. Generally speaking, which of the following mandate how incident reports are handled?
 - a. Federal law
 - b. State regulation
 - c. Your facility
5. Incident reports may generally be kept in the resident's chart with all of their other documentation.
 - a. True
 - b. False

6. Which of the following statements is appropriate when dealing with incident reports?
- a. When in doubt, do not fill out an incident report
 - b. **When in doubt, fill one out**
7. If you suspect but have no proof that abuse has taken place, you should not complete an incident report until proof is acquired.
- a. True
 - b. **False**
8. You enter the resident's room and find Mary on the floor. She states that she fell out of bed. Which of the following statements should be included in the incident report?
- a. "Mary fell out of her bed"
 - b. "I found Mary on the floor next to her bed"
 - c. "Mary said she fell out of her bed"
 - d. **b & c**
9. Mary claims that the money in her dresser drawer was stolen while she was in the dining room. She stated that while returning from dinner, she saw a caregiver leaving her room. Should an incident report be filed?
- a. **Yes**
 - b. No
10. When completing an incident report, include everything you think may have happened leading up to the incident, even if you did not witness these things.
- a. True
 - b. **False**

Dementia Care: Wandering

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
DEMENTIA CARE: WANDERING

Overview	In this module we will address how wandering is not necessarily a negative behavior. We will discuss providing meaningful activities that can help discourage excessive wandering, how wandering can easily lead to elopement, and actions to prevent elopements.
Video(s)	“Dementia Care: Wandering” (28 minutes)
Special Supplies	This topic addresses wandering and elopement in persons with dementia, however the topics covered are critical even if this is not your “target” resident population.
Learning Objectives	<ol style="list-style-type: none">1. Definition of wandering;2. Eloping;3. Types of wandering;4. The importance of assessment;5. Triggers that affect residents to wander or elope;6. High risk times of the day;7. Reasons and interventions;8. Redirection techniques.

QUIZ KEY: DEMENTIA CARE: WANDERING

1. "Checking" refers to a type of wandering in which the resident:
 - a. Must be checked every few minutes
 - b. Repeatedly seeks the whereabouts of the caregiver or another person**
 - c. Opens doors repeatedly, checking to see if someone is there
 - d. All of the above

2. "Trailing" refers to a type of wandering. Which of the following statements is/are true regarding trailing?
 - a. The resident follows closely behind a person
 - b. Trailing can stress out other residents who are being trailed
 - c. The resident may trail caregivers or visitors as they leave the facility
 - d. All of the above**

3. Excessive and aimless walking may have serious effects on a resident's health. These effects include:
 - a. Weight loss, dehydration, and fatigue**
 - b. Malnutrition, loss of appetite, and stress
 - c. Exhaustion, mental fatigue, and headaches
 - d. None of the above

4. Though any type of wandering could lead to an invasion of privacy, what kind of wandering is often associated with the invasion of privacy of other residents?
 - a. Trailing
 - b. Excessive
 - c. Inappropriate purpose**
 - d. Nighttime walking

5. Nighttime walking is a kind of wandering in which the resident frequently wanders at night. To best serve this resident, caregivers should:
- a. Check on the resident frequently throughout the night
 - b. Ensure the physical environment is comfortable (enough blankets, nightgown fits appropriately, etc.)
 - c. Ensure comfort and give reassurance
 - d. All of the above**

6. Which of the following is not considered a high-risk time of day for wandering?
- a. After waking up**
 - b. During entertainment
 - c. Shift change
 - d. Before and after visitors

7. List at least 4 interventions for wandering:

Place night lights throughout the facility
Secure all toxic substances and medications
Reduce noise
Know the residents triggers
Provide safe and inviting outdoor areas
Label resident's doors
Maintain current resident photos
Remove obstacles from pathways
Provide appropriate activities
Assist with taking walks
Watch for patterns
Manage Sundowning
Manage anxiety
Address physical issues (such as pain management)
Anticipate the resident's needs and provide assistance
Ensure adequate hydration

Dementia Care: Sundowning

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
DEMENTIA CARE: SUNDOWNING

Overview	This module defines and demonstrates the manifestations of sundowning behavior. In this module, we will address the caregiver's role in successfully managing these behaviors, successful techniques and interventions, and implementing appropriate and enjoyable activities.
Video(s)	"Dementia Care: Sundowning" (23 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Common behaviors exhibited by residents with dementia;2. What is sundowning;3. Strategies for care staff to lessen the behaviors of sundowning;4. Activities.

QUIZ KEY: DEMENTIA CARE: SUNDOWNING

1. What does the term sundowning refer to?
 - a. People who feel tired after sunset
 - b. People with dementia that have behavior problems in the late afternoon and evening hours**
 - c. People who enjoy watching sunsets
 - d. None of the above

2. The symptoms of Alzheimer's disease include deficits in:
 - a. Memory
 - b. Visual-spatial orientation
 - c. Concentration
 - d. All of the above**

3. Which of the following may not describe a resident with sundowning behavior in the late afternoon or evening?
 - a. Suspicious
 - b. Playful**
 - c. Confused
 - d. Agitated

4. Some of the causes of sundowning may include:
 - a. Lack of evening activities
 - b. Difficulty seeing at night
 - c. Gender
 - d. Both "a" and "b"**

5. Which of the following statements best describes a care provider's role in caring for a resident with sundowning?

a. Provide a calm environment and activities

- b. Force the resident to calm themselves down using a firm tone of voice
- c. Ignore the resident's behavior because it is just a plea for attention
- d. None of the above

6. Some sundowning interventions include:

- a. Providing enough daytime activities
- b. Monitoring the resident's diet
- c. Removing or preventing environmental causes

d. All of the above

7. If a resident is showing symptoms of sundowning and is becoming increasingly agitated with a particular caregiver, the best solution is to:

- a. Talk with a commanding tone of voice until the resident changes their behavior
- b. Threaten an appropriate form of disciplinary action

c. Ask the caregiver to move away and bring a different caregiver in

d. All of the above

8. Which of the following may contribute to success in managing sundowning behavior?

- a. Small groups
- b. Physical exercise
- c. Stimulating the senses

d. All of the above

9. What is the best way for a caregiver to respond while a resident is experiencing symptoms of Sundowning?

- **Talking soothingly/calmly to the resident or stay quiet.**
- **Try to isolate them from whatever is causing the reaction. For example, you may take them for a walk, or you may take them to a room with soothing music playing.**
- **If they are having a reaction to a specific caregiver it is often best for that caregiver to step away and let another caregiver intervene.**

Dementia Care: Aggressive Behaviors

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:

DEMENTIA CARE: AGGRESSIVE BEHAVIORS

Overview	This module addresses how aggressive behaviors often result from triggers, are not always intentional and may be the only way the resident feels he/she can communicate.
Video(s)	"Dementia Care: Aggressive Behaviors" (37 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Obtaining a behavioral history on a resident can be very important2. Learn how to better manage behaviors3. Aggressive Behaviors are not always intentional4. Aggression often results from triggers5. Aggressive actions may be the only way the resident feels he can communicate

QUIZ KEY: DEMENTIA CARE: AGGRESSIVE BEHAVIORS

1. The resident with dementia who is experiencing agitation can escalate to aggression.
 - a. **True**
 - b. False

2. Signs of agitation may include:
 - a. Restlessness
 - b. Different than normal body language or facial expressions
 - c. Pacing
 - d. Fear
 - e. **All the above**

3. When approaching a resident to offer your assistance in ambulating or transfer, extend your arms slowly with:
 - a. Your palms down, ready to grasp their arms
 - b. **Your palms up in a gesture of offering assistance**

4. Threatening consequences to a resident who is not responding to your request can escalate agitation and lead to aggression.
 - a. **True**
 - b. False

5. "Change of Face" is a term used often when dealing with residents with dementia. It means:
 - a. Change your facial expression and tone of voice if the resident is not responding appropriately
 - b. **Have another caregiver attempt to communicate to the resident**

6. If a resident is acting aggressively with other residents in the area, what is the first action you should take?

- a. Escort the other residents from the area
- b. Call 9-1-1
- c. Contact the physician

7. In most cases in residential care, a resident who is lashing out is really:

- a. Just a mean person
- b. Trying to communicate something that is important to the resident
- c. Trying to gain something by using aggressive behavior as a tool

8. Please list at least 4 factors that may be a trigger to aggressive behavior.

- Hunger
- The need for toileting
- Separation anxiety
- Clutter
- Performing an activity they just don't like
- A new staff member
- A new roommate
- Illness
- Toothache or oral pain

9. In order to avoid triggering aggressive behavior in the future, if aggressive behavior does take place, note the:

- a. Time
- b. Place
- c. Who is in the area
- d. What the resident was doing prior to acting out
- e. All of the above

Dementia Care: Dignity and Sexuality Issues

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES

Overview	Seeing and treating each resident as an individual is what distinguishes outstanding care. This course is designed to train staff how to learn more about each resident and how to handle the sensitive issues of dignity, sexuality, and independence.
Video(s)	“Dignity and Sexuality Issues” (25 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Sexuality is something that is not age specific2. We cannot impose our own beliefs on the residents3. There are things we can do to prevent inappropriate sexual behaviors

QUIZ KEY: DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES

1. Our residents often fear losing physical ability and the loss of dignity?
 - a. True**
 - b. False

2. A resident who becomes isolated may be suffering from:
 - a. The onset of an illness or medical condition
 - b. The loss of dignity and self-worth
 - c. The fear that they cannot perform social skills adequately
 - d. All the above**

3. When approaching a resident, greet them using their name:
 - a. True**
 - b. False

4. "Failure free activities" are activities that are:
 - a. Very simple and easy for even the severely cognitively impaired resident
 - b. One that you know the resident can succeed doing**

5. If your resident exhibits child like behaviors, it is best to:
 - a. Try to communicate on their level using childlike talk and gestures
 - b. Communicate in a normal gentle adult like manner**

6. If a family member asks you about a resident's medical condition, you should:
 - a. Tell them whatever they want to know because they are family
 - b. Tell them to talk to the resident
 - c. Ask them to talk to your supervisor**

7. If a resident is performing a new activity but just can't get it right, you should:
- a. Direct them to a different activity where they may be more successful**
 - b. Have them keep attempting to succeed at that activity, practice make perfect
8. Asking which of the following may help you to know your resident better and promote dignity in your resident:
- a. Their family history
 - b. What kind of job(s) they may have held in their adult life
 - c. What kind of pets they may have had and their pet's names
 - d. Hobbies they have enjoyed
 - e. All the above**
9. Activities that may seem extremely boring or simple to you may be very enjoyable and make the resident feel successful:
- a. True**
 - b. False
10. Talking about a resident's behaviors or conditions with unauthorized persons is:
- a. Ok, as long as the resident is not present
 - b. Never ok**
11. A raised voice or yelling is the preferred method when attempting to redirect a resident?
- a. True
 - b. False**

12. The number one concern when assisting a resident in personal care is:

a. Efficiency

b. Privacy

13. To avoid inappropriate sexual behaviors, it is sometimes better to perform intimate personal care:

a. In the evening when it is darker

b. In the morning or mid day

Dementia Care: Hydration

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:
DEMENTIA CARE: HYDRATION

Overview	This course will address signs and symptoms of dehydration, the effects of dehydration, effective strategies to ensure proper hydration, and dementia-specific care issues.
Video(s)	“Dementia Care: Hydration” (29 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. It is our job to monitor that our residents are eating and drinking2. There are steps we can take to encourage good nutrition3. We need to report to our supervisor when a resident is not eating or drinking well

QUIZ KEY: DEMENTIA CARE: HYDRATION

1. Which of the following activities can cause loss of fluid?
 - a. Sweating
 - b. Breathing
 - c. Toileting
 - d. Sleeping
 - e. All of the above
 - f. a & c
 - g. a, b, & c**

2. Dehydration is often times not recognized before it reaches a serious degree.
 - a. True**
 - b. False

3. If beverages are offered less frequently throughout the day, it will encourage the resident to drink more and encourage better hydration when they are offered.
 - a. True
 - b. False**

4. It is best practice to categorize all residents with dementia as “at risk” of dehydration.
 - a. True**
 - b. False

5. It is important that beverages be available:
 - a. During waking hours
 - b. Throughout the day and night**

6. Which of the following foods/dinks may assist in hydration?
- a. Watermelon
 - b. Honeydew
 - c. Popsicles
 - d. Broth
 - e. Caffeinated coffee or tea
 - f. a, b, c, & d**
 - g. All of the above
7. Times for offering beverages to residents should be scheduled, not just at the request of a resident?
- a. True**
 - b. False
8. It is never possible to over hydrate a resident.
- a. True
 - b. False**
9. Which of the following may encourage a resident to drink fluids?
- a. Offering the beverage in a resident's favorite cup or glass
 - b. Just gently hand them the beverage, do not ask if they want a drink
 - c. Deliver the beverage to the resident when the resident is in a favorite place in the community
 - d. Providing beverages that the resident enjoys
 - e. All of the above**
10. Many times serving a beverage in a smaller glass or cup can give the resident the sense of success when finishing the drink, instead of trying to finish a large amount of the beverage.
- a. True**
 - b. False

11. Which of the following may be symptoms of dehydration?

- a. Lethargy
- b. Headache
- c. Muscle cramps
- d. Nausea or upset stomach
- e. Dry mouth
- f. **All of the above**

Dementia Care: Health Complications

Instructor Guide



UPDATED JUNE 22, 2011



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

INSTRUCTOR GUIDE:

DEMENTIA CARE: HEALTH COMPLICATIONS

Overview	This course is designed to prepare your staff to prevent, identify, and intervene successfully for pneumonia, swallowing disorders, and aspiration.
Video(s)	<i>"Dementia Care: Health Complications"</i> (18 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. The onset of dementia can cause the human body to become more susceptible to health problems2. Common health complications3. Monitoring for health complications4. Effective interventions

QUIZ KEY: DEMENTIA CARE: HEALTH COMPLICATIONS

1. As a resident's dementia progresses, their bodies become more prone to physical problems.
 - a. **True**
 - b. False

2. Aggressive behavior may be caused by physical pain a resident is suffering that he/she is unable to verbalize to others.
 - a. **True**
 - b. False

3. UTI is a:
 - a. Upper tract infection
 - b. **Urinary tract infection**

4. A fever with a mild temperature is not a possible indicator of a UTI.
 - a. True
 - b. **False**

5. Which of the following may be symptoms of a swallowing problem?
 - a. Choking
 - b. Coughing after or during meals
 - c. Pocketing food in the cheek
 - d. Gurgling voice
 - e. **All the above**

6. Dysphagia is a:
- a. Sleeping disorder
 - b. Talking disorder
 - c. **Swallowing disorder**
7. Which of the following may help a resident with a swallowing disorder when eating and drinking?
- a. Have the resident upright during and for a while after meals
 - b. Encourage the resident to eat slowly
 - c. Encourage the resident to refrain from talking during a meal
 - d. Encourage large bites of food
 - e. Encourage rapid drinking
 - f. a, d, & e
 - g. b & d
 - h. **a, b, & c**
8. Which of the following medications is usually used to treat a UTI?
- a. Antipsychotic medication
 - b. **Antibiotics**
 - c. Antianxiety medications
9. For the elderly resident with dementia, pneumonia is very rarely life threatening.
- a. True
 - b. **False**
10. While observing a resident, you notice they are holding their lower tummy (abdominal) area. This can be a symptom of:
- a. **UTI**
 - b. Pneumonia
 - c. Dysphagia

11. Inactivity can lead to fluid buildup in the lungs.

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