

**EFFECTIVE DEMENTIA CARE**

- “Person-centered”
- Comprehensive assessment of a resident’s abilities/needs
- Care planning and provision
- Strategies for addressing behavioral and communication changes
- Appropriate staffing patterns
- Environment that fosters community

	<b>Routine Assessment</b>	<b>Approach</b>
<p><b>Food and Fluid Consumption</b></p> <p><i>To maintain proper nutrition and hydration, avoid health complications, and promote mealtimes as enjoyable activities.</i></p>	<ul style="list-style-type: none"> <li>• Difficulty chewing and swallowing, or changes in swallowing ability</li> <li>• Poor utensil use</li> <li>• Refusing substitutions</li> <li>• Low attentiveness to a meal or wandering away during the meal</li> <li>• More than 25 percent of food uneaten during a meal</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate cause of swallowing difficulties</li> <li>• Engage residents in the meal-time experience and stimulate appetite</li> <li>• Encourage residents to function independently whenever possible</li> <li>• Provide a pleasant, familiar dining environment free of distractions</li> <li>• Prepare food to maximize acceptance</li> </ul>
<p><b>Pain Management</b></p> <p><i>To ease distress associated with pain, improve quality of life, prevent behavioral symptoms, and unnecessary use of psychotropic drugs.</i></p>	<ul style="list-style-type: none"> <li>• Site of pain</li> <li>• Type of pain</li> <li>• Effect of pain on the person</li> <li>• Pain triggers</li> <li>• Acute or chronic pain</li> <li>• Positive and negative consequences of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• PREVENTION of pain</li> <li>• Non-pharmacological approach (i.e. relaxation, physical activities, superficial heating)</li> <li>• Analgesics or narcotic pain medications (Consider side effects, including those affecting dementia and cognitive functioning)</li> <li>• Appropriate referrals</li> </ul>
<p><b>Social Engagement and Meaningful Activities</b></p> <p><i>To offer opportunities for providing a context with personal meaning, a sense of community, choices and fun.</i></p>	<ul style="list-style-type: none"> <li>• Capacity for physical movement</li> <li>• Capacity for mental stimulation</li> <li>• Interest in social interaction</li> <li>• Desire and ability to participate in religious and spiritual practices</li> <li>• Cultural values and appreciation</li> <li>• Various specific recreational interests and preferences</li> </ul>	<ul style="list-style-type: none"> <li>• Design interactions to do <i>with</i>—not <i>to</i> or <i>for</i>—the resident</li> <li>• Make available activity materials</li> <li>• Encourage residents to use their remaining skills in daily activities</li> <li>• Provide chances for involvement in the community</li> <li>• Acknowledge that some residents with dementia experience increased confusion, agitation and movement in the early evening</li> <li>• Consider the resident’s level of functioning, group dynamics, and overall mood</li> </ul>

**NOTES**

*Adapted from: Alzheimer’s Association. Dementia care practice recommendations for assisted living residences and nursing homes. Chicago (IL): Alzheimer’s Association; 2005. 15p.*