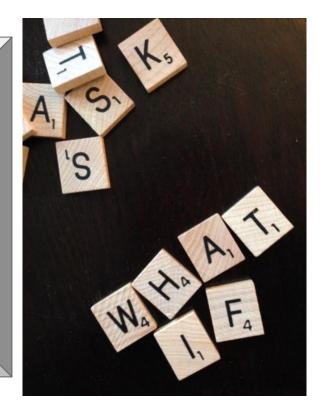


WHAT IF? RIKKI LORENTI ADMIRAL NURSE CLINICAL LEAD



WHAT IF?

- → Dad appetite is poor
- ➔ Mum is getting more anxious at night?
- ➔ I can't get Mum to go to sleep?
- ➔ Dad is starting to become incontinent?
- ➔ Dad has rapidly become agitated and confused?
- → Mum is starting to wander?
- → I don't know who to go to for support?

LET US HELP ARE FAMILY COME UP WITH SOME STRATEGIES



DAD HAS A POOR APPETITE

- → Accept that dietary habits change
- → Appetite may reduce.
- → Taste buds will be affected

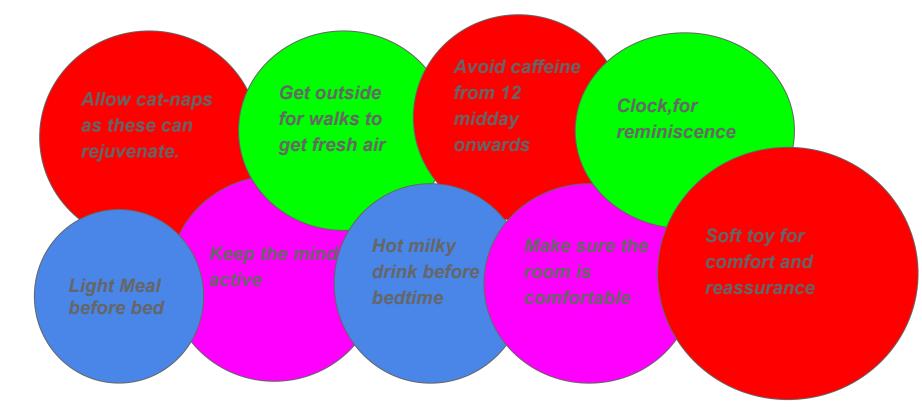


- → No interest in old favourites, try something new
- → Avoid big meals and go for "little and often"
- → Have fruit and sweets around the house so that the person will pick them up (memory jogger)
- → Finger food, if someone is driven then they are more likely to eat whilst walking around

MUM IS GETTING MORE ANXIOUS AT NIGHT

- → Sundowning
 - The syndrome when a person becomes more agitated as the sun goes down. INSECURITY, DISORIENTATION AND FRIGHTENING
 - Anxiety, confusion, frustration and disorientation could lead to increased agitation.
- → Replicate light for as long as possible.
- → Use distraction as early as possible, by monitoring their behaviour during the day
- → Light meals and avoid caffeine
- → Keep sleep to a minimum during the day
- ➔ Maintain familiarity and make activity (as distraction)





MUM WON'T GO TO SLEEP

DAD IS STARTING TO BE INCONTINENT

DAILY MANAGEMENT Consider loose clothing Remove obstacles to the toilet Leave the bathroom door open or add a sign Review toilet height and promote good lighting At night, sensory lighting , possibly a commode or mattress protector

PROMPTED VOIDING Every 2 hours encourage the use of the toilet and after every meal

Incontinence to Continence

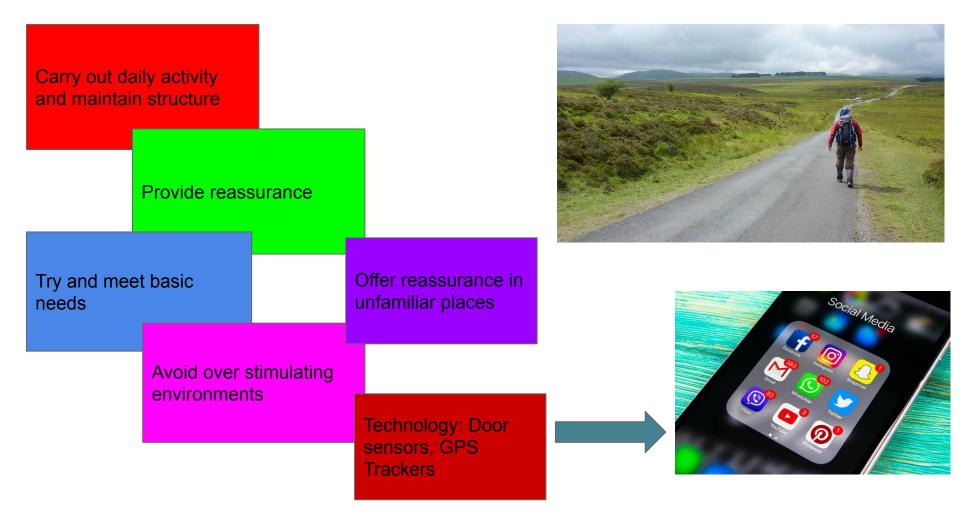
PREVENT

Avoid caffeine and carbonated Reduce slowly drinks nearer to bedtime Avoid acidic foods Eat plenty of fibre Exercise

MANAGE

Discuss the use of incontinence pads Wash skin to prevent infections, pressure sores and fungal infections Reflect on signs of distressing tugging at clothes, reddening face or straining



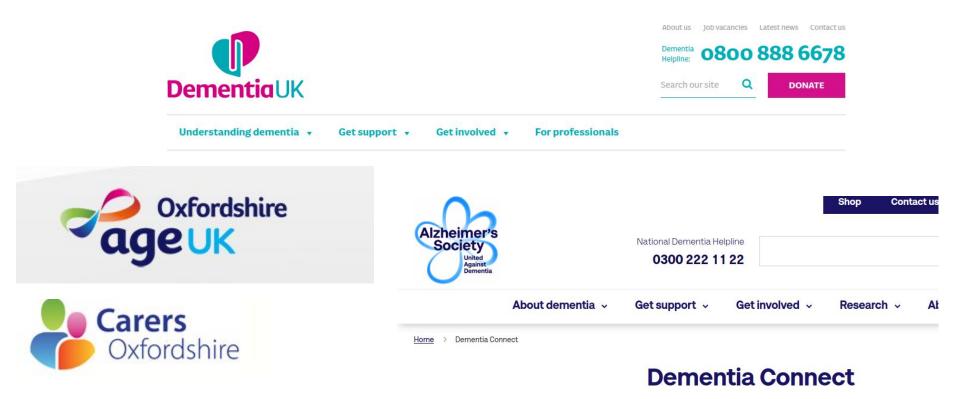




Rapid confusion Rapid suggests a couple hours or days and "out of Disorientation Remember RAPID disorientation Poor sleep pattern and potential falls risk

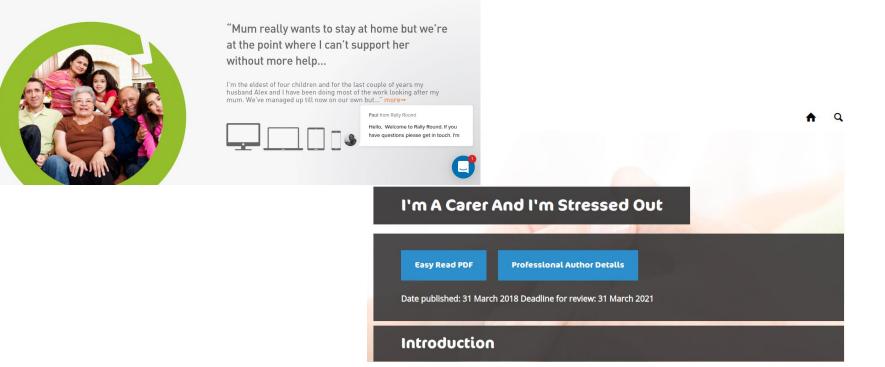
Acute Confusional State could be related to:

- Urine infections
- Chest
- Wound
- Changes in medication •
- Dehydration
- Malnutrition •
- Sensory Impairment
- Drug and alcohol dependency. \bullet



I don't know who to go to for support?





https://mindedforfamilies.org.uk/Content/i_am_a_carer_and_i_am_stressed_out/#/id/5a7d85507917b49564 7e15a6



Recognize what you're up against.

Recognise how the dementia is affecting communication and adapt.



Talk about one thing at a time. Avoid a scatter gun approach Avoid multiple threads



Avoid distractions. Quiet environment that allows the person to focus



Smile and good eye contact, at the severe end of the spectrum non-verbal and visual clues



Speak clearly and naturally in a warm and calm voice.

Refrain from treating the person as an infant



Listen actively. If you are struggling check out what is being said.





Avoid correcting, and take a step back to reduce frustration and confrontation



Have patience.

Allow time for a response,, give choice, allow for contribution and use visual if struggling

Think about this....

Empathy

How is the person feeling

Mirroring

How is your anxiety and impatience affecting the person

Disempowerment

How does it feel if the person is being done for rather than allowing them to do it for themselves.

Over-stimulation

Can this cause anxiety and frustration?

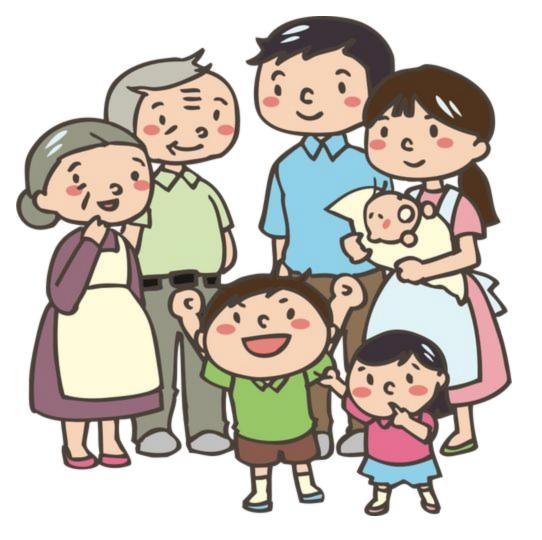
Under-stimulation

Is this good?



Impatient – WALK AWAY

Angry – WALK AWAY



Have we helped our family?