

MEMORY CARE TIP

Providing Personal Care

Most caregivers will, at some point, need to provide personal care—e.g., toileting assistance and bathing. None of us looks forward to the time when we need help with these basic activities. Providing personal care requires an exceptional amount of patience and compassion, as you must protect the person's modesty and dignity.

Bathing

Before you touch or undress the patient, explain what you are going to do. Particularly if the person has dementia, use simple sentences with single-action subjects, such as "John, it's time to take a bath," coupled with pointing to the bathroom. "John, I'm going to wash your hair," while making a sudsing motion with your fingers in your hair."

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Keep the bathroom very warm—too warm for you, since you're clothed. If you're using a space heater, keep it far away from the water source to avoid an electrical accident.

Ensure that floor mats are rubber-backed to help prevent slips

(See "Personal Care" on page 2)



Communication When Providing Care

When you talk to the person you are assisting, do they understand you? And do you understand them? When you care for a person who has hearing loss, it's easy to mistake them for being uninterested or even cognitively slow. However, the reason they are not engaging may simply be because they can't hear you. A few techniques can help care go smoothly:

- **Stand, sit, or squat** so you are at eye level with the person.
- **Keep your face in the light** so that your lips and expressions can be seen.
- **Use simple sentences** that contain one action or request, such as "Come with me" instead of "It's time to eat, so grab your sweater and let's walk to the dining room."
- **Use body language** like nodding, pointing, and facial expressions. Combine requests with related gestures like "Would you like to eat?" while pointing to your mouth and rubbing your stomach. Hand gestures have become evermore helpful these days, since face masks are a physical barrier that can make conversation difficult for people who are hard of hearing.
- **Speak in a normal tone**, facing the person, and making eye contact. Do not shout or use baby talk.
- **Check the person's hearing aid** to ensure it's turned on and has a functioning battery.

Communication and Dementia

Learning how to communicate effectively with someone who has a dementia-

(See "Communication" on page 3)

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Personal Care *(continued from page 1)*

and falls on a wet bathroom floor.

Check the water temperature often to avoid either scalding or chilling the person.

Have all supplies ready and always assume the person is modest. Keep the body covered by a towel as much as possible. They can stay wrapped in a wet towel while seated on a shower stool. Move the towel as needed to wash the body, but do not leave the person exposed unnecessarily.

People with dementia commonly exhibit increased agitation in the afternoon or early evening, a situation referred to as sundowning. This may or may not present in the person you care for. But if you notice a trend of late-in-the-day frustration, then save big tasks like bathing for the morning.

Personal care is essential, and you do not want the person in your care to develop negative emotions associated with these tasks.

If you are met with resistance, slow down. Show the person that you are listening and acknowledge their dislike. Explain, as simply as you can, the importance of being clean and comfortable, and that you'll be quick with the task. If you still cannot proceed, give it a rest for the day and try again tomorrow.

Toileting

Needing assistance to utilize the toilet and struggling with bowel and/or bladder incontinence are perhaps the most disheartening aspects of aging. As a caregiver, you must be sensitive about this common yet embarrassing situation.

Ambulatory patients may simply need your help in safely getting to and onto the toilet. Yet some elderly lack the muscle strength or flexibility to wipe themselves.

If you discover that the person in your care has had an accident, never act or speak in a way that makes them feel ashamed. Approach clean-up with confidence and a matter-of-fact demeanor. Saying something like, "No problem, Mary. I've been through this before, and it's not a big deal," can help put them at ease.

The use of incontinence briefs or chux pads can help you avoid a bigger clean-up job and help your patient avoid embarrassment.

Nighttime toilet trips pose additional concerns about tripping, or even confusion in low light. Bedside commodes avoid these problems. If the person still uses the bathroom at night, ensure that the route is clear of tripping hazards and is adequately lit with nightlights. ➤

Communication (continued from page 1)

related disease is very important. People living with dementia (particularly in late stage or, if earlier, on a bad day) are mentally stuck in their own version of reality. They may see, hear, and believe things that you know to be untrue, but you mustn't try to convince them otherwise. If you argue, you're setting yourself up for frustration, as your insistence will only worsen the person's agitation and stress. If this happens repeatedly, the person will start to associate you with negative emotions, and your relationship will struggle.

As the brain deteriorates, the person living with dementia increasingly will have trouble using words to communicate their needs. Toward the end of the person's disease journey, they may become verbally noncommunicative and use only grunts and outbursts to express dislike. If you remain calm, you can keep them calm, too. To improve your chances of being understood:

- **Reduce background noise.** Loud noise like that coming from a television or children in the home can be overwhelming to a person with dementia. They may feel stressed and anxious. Playing soft music can help.
- **Establish eye contact.** If the person is standing, stand; if the person is sitting, sit or squat down to their eye level.
- **Address the person by name** and remind him or her of your name and that you are their caregiver.

As a result of brain deterioration, a person living with advanced dementia can typically comprehend only one out of every four words spoken to them.

- **Explain** what you are going to do *before* you do it using one-step commands. Point to the object you are discussing. For example, say, "Do you want your slippers?" not "Do you want these?"
- **Avoid expressions that may cause confusion.** Don't say, "Jump into bed." Instead, say, "Get into bed."
- **Make the subject clear** before you ask

questions. For example, say, "Betty, let's talk about our trip to the doctor's office." When you change the subject, say so—for example, "Betty, now let's talk about dinner."

- **Take a break** if you are met with resistance. Tell the person you have a task to take care of in another room and that you'll discuss the issue in a little while. This will give them time to cool down and you a chance to take some deep breaths to get centered again. When you try again, use a different approach from what you used before.

Encourage Cooperation

Take time to ask the person in your care how they are doing. Sometimes combative behavior is a symptom of a deeper issue. For example, a person may refuse to be bathed because they are feeling modest. Or they may refuse to eat in response to a sense of loss of control. Giving the person choices can make them more likely to cooperate.

Lastly, be patient. Your schedule may be overwhelming, but the person in your care is on their own schedule. Allow more time than usual for simple tasks. Too many activities at once can provoke a reaction because the person feels overwhelmed. ➔

QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. When you perform personal care, always explain what you are going to do before you touch the person.
True or False
2. Loud background noise can sometimes cause a person with dementia to become agitated.
True or False
3. A person's modesty should not be of concern when helping to bathe them. Just get it over quickly.
True or False
4. Bathroom throw rugs can pose a safety hazard for elderly people.
True or False
5. If you discover the person in your care has had an elimination accident, do not make them feel shamed.
True or False
6. A person living with dementia can fully understand what is being said to them, so don't change your communication style.
True or False
7. The term *sundowning* describes increased agitation or confusion that occurs in the late afternoon.
True or False
8. Establishing eye contact with a patient who is hard of hearing can help improve communication.
True or False
9. Don't use a shower stool because it can cause the person to trip.
True or False
10. As we age, our eyes lose some ability to distinguish contrast.
True or False

Find the quiz answers at the bottom of page 4.

Safety in the Bathroom

The bathroom poses many safety hazards, especially the risk of falling. Following are tips to help prevent injuries.

- Ensure the **floors are not slippery**. Use non-skid mats or rugs on the bathroom floor. The shower basin or tub should have a rubber mat with good suction or adhesive traction strips.
- A **movable shower head** with a hose is especially helpful for patients who need help rinsing themselves. The device also eliminates the need to turn around in the shower, as doing so increases the fall risk and may cause dizziness and loss of balance.
- A **shower stool** is a good idea, regardless of whether the person showers independently or requires assistance.
- Always check the **water temperature** before having the patient enter the shower or tub.
- **Grab bars** installed in the shower/tub and on either side of the toilet offer steady assistance.
- An **elevated toilet seat** makes getting on and off easier.
- Never use an electric razor if the person is receiving



- oxygen because of the **risk of fire** if the razor sparks.
- If using a **space heater**, keep it on the floor or steady surface away from potential contact with water.
- As we age, our eyes lose some of their ability to distinguish **contrast and depth**. It can be hard on elderly eyes to see the difference between countertops, floors, walls, and commode if all are similar in color. Paint as needed to create color contrast. ➔



Senior-Care Education

Hope Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers or senior living community who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the other subjects listed at right, please connect today to discuss your needs. We are available to present in-person at your facility or over Zoom teleconference. ➔

Available Topics

- Agitation/terminal restlessness
- Advance healthcare directives
- Body mechanics
- Dementia care
- Fall prevention
- Hospice education
- Infection control
- Medication administration
- Nutrition for seniors
- Pain in the elderly
- Respiratory concerns
- Skin care of the elderly

FOR MORE INFORMATION

Please connect with Hope Hospice Director of Outreach, Kari Rayford, LVN, at karir@hopehospice.com or (925) 829-8770 to discuss your team's needs.