

The Morning Struggle

It is important to get a mobile patient out of bed every day. Sometimes they will not want to get up. Do not force the person, as straining may injure you or them. You may need to leave them be for 15 minutes and try again.

There are many possible explanations as to why a patient resists getting out of bed in the morning. Depression, not feeling well, and stiffness/soreness are common reasons. A person living with dementia may not be able to explain why they are feeling down. Brain changes can affect the way they process information about their environment, and/or they may struggle with word loss and not be able to articulate themselves.

Despite these deficits, a person with dementia retains the ability to

experience a range of emotions. They can have feelings of joy, sadness, loneliness, and fear just like you, but they can't or struggle to verbally

express it. Watch for any negative behavior changes and think about what environmental factors may be causing resistance.

Remember the importance routine plays in the care of people with dementia. Any change in pattern—including rushing the routine—can cause agitation that arises out of fear or confusion. ➔



Assisting Memory Care Patients With Toileting

As dementia-related diseases progress, incontinence may occur. This can be from forgetting to use the bathroom when one feels the urge to urinate or have a bowel movement, not recalling the bathroom's location, not being able to get there in time, or not being able to make the cognitive connection that tells one what the bathroom is used for. All these problems are results of the body's declining brain function—not just memory, but also deterioration in information-processing functions, motor skills, vision, and more.

Incontinence usually begins in the late-middle stage of dementia diseases, and it is something many family caregivers fear they will not be able to handle. Even professional caregivers can feel uncomfortable providing this very intimate level of assistance. Time, practice, and knowing how to use the proper products will help mitigate discomfort you may feel.

When incontinence becomes a regular problem, first ask the patient's doctor if there could be a physical cause, such as a urinary tract infection, rather than the progression of brain disease.

Reducing Incontinence Problems

A regular toileting schedule and reading the signals of when the patient needs to go will help them maintain toileting independence as long as possible. However, you will probably need to use protection for the bed, since the person may no longer awaken in response to urination urges as they once could.

- Always be calm and understanding when accidents occur. Find ways to preserve dignity. For example, say, "Anyone can have an accident." Don't make the person feel guilty or ashamed.
- Wear gloves to prevent the spread of disease; wash hands before and after.
- If the person cannot use the toilet and cannot learn to use a bedside

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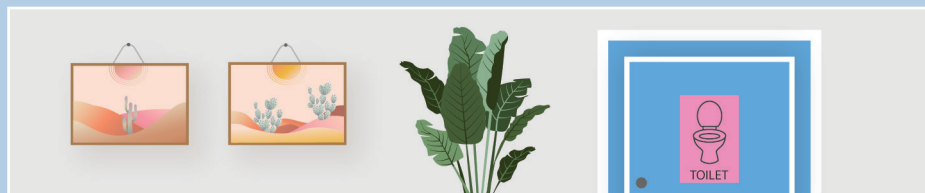
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Toileting *(continued from page 1)*

commode or in-bed toileting, incontinence products will be necessary.

- Watch for signs of urinary tract infection (blood in urine, cloudy urine with sediment, etc.).
- Reminders to go to the bathroom can be very helpful—just a simple mention after a meal, for example, or before bedtime.
- If the patient is in the early stage of dementia and can manage their own hygiene and toileting, you may only need to introduce some safety measures and visual cues. (See box below.)
- Some caregivers will wake the person at night to take them to the bathroom, while others prefer to use incontinence products.
- The patient may forget to wipe themselves or may have mobility/flexibility issues that prevent them from properly cleaning up. In these cases, you'll need to assist. Wash the genitals at least once a day using unscented soap. Do not use talcum powder, as it has come under scrutiny as a potential carcinogen, and it can interfere with the absorbency ability of incontinence products. ➔

Sources: Alzheimer's Association, Family Caregiver Alliance



SAFETY MEASURES AND VISUAL CUES

Even if a patient is able to maintain independent toileting, care partners should introduce some safety measures. These include using night lights along the pathway to the bathroom and ensuring that pathway is free of trip hazards. A low light left on in the bathroom is also helpful.

Be mindful that brain diseases eventually cause trouble with the interpretation of what the eyes see. The person may, for years, be able to identify a toilet. Then one day, that object looks familiar, but the person isn't quite sure what it's for. Or, the person can't as easily recall which door leads

to the bathroom. Visual cues will help the patient's brain more easily make connections. Keep the bathroom door open so the toilet is visible. Put a picture of a toilet on the bathroom door and/or right outside of that entryway.

Vision changes can also cause confusion. A person with dementia may start struggling with depth perception and not being able to distinguish objects of similar colors. This is why high contrast is important in the bathroom. Paint the bathroom door with a color in contrast to the wall for better visibility. A colored toilet seat will be better than a white one, especially if the floor tiles are a light color.

Source: Teepa Snow

Using a Portable Commode

A bedside commode is helpful for a person with limited mobility. It can also be the safest option for anyone who has a fall risk to use at night instead of navigating to the bathroom in low light. The commode (with the pail removed) can also be used over the regular toilet to provide a taller seat.

- Gather the portable commode, toilet tissue, a basin, a cup of water, a washcloth or paper towel, soap, and a towel.
- Wash your hands and put on gloves.
- Help the person onto the commode.
- Offer toilet tissue when the person is finished.
- For a person with female genitalia, pour a cup of warm water over the area as a rinse, then pat dry with a paper towel.
- Remove the pail from under the seat and empty it into the regular toilet. Rinse the pail with clean water, and empty the dirty water into the toilet.
- Remove your gloves and wash your hands.
- Offer a washcloth so the person can wash their hands. ➤

How Dementia Affects the Brain

Memory loss may be the first noticeable change that comes with a dementia-related disease, but many more aspects of brain function can be impacted as the disease progresses. Think about how a patient's daily life may be affected by declining abilities in the areas below. Understanding that the person in your care struggles in these ways, how can you adjust the daily routine and approach to care to help them feel more secure? ➤

Motor Skills

- Dexterity (using eating utensils, writing, dressing)
- Chewing and swallowing
- Balance, coordination
- Gait (style of walking)

Abstract Thinking

- Understanding connection between ideas, concepts, etc.
- Concepts of time, money, symbols
- Understanding sarcasm, figures of speech

Reasoning/Judgment

- Understanding cause and effect
- Problem solving
- Drawing conclusions
- Understanding another's perspective
- Social filter, impulse control

Attention

- Ability to focus
- Task completion
- Multi-tasking
- Awareness of environment
- Comprehending complex sentences

QUICK QUIZ

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

1. People living with dementia can still experience a range of emotions.
[True or False](#)
2. Keeping a regular toileting schedule can help a patient maintain toileting independence.
[True or False](#)
3. Always apply talcum powder after changing incontinence pads.
[True or False](#)
4. If the patient has an incontinence incident, do not make them feel ashamed.
[True or False](#)
5. A patient with dementia will always know what the toilet is used for because it is an everyday object.
[True or False](#)
6. Care providers should have knowledge about their patients' cultural and modesty needs.
[True or False](#)
7. Place the shampoo on the shower floor so that the patient can easily bend down to retrieve it.
[True or False](#)
8. Declining memory is the only brain change occurring in someone with a dementia-related disease.
[True or False](#)
9. A bedside commode is a safer option for toileting at night than walking to the bathroom.
[True or False](#)
10. When incontinence becomes a regular problem, there could be a physical cause, such as a UTI.
[True or False](#)

Find the quiz answers at the bottom of page 4.

Bathing Assistance

When an aging or frail patient needs assistance with bathing, caregivers must take some special issues into consideration.

Fall prevention. Review the bathroom area for trip and slip hazards. Floor mats should be rubber-backed. Use anti-slip traction adhesives in the tub/shower basin. Install grab bars at the toilet and in the shower or tub. Use a shower seat to reduce fall risk from loss of balance or slipping. If the patient is still bathing independently, supplies should be contained in a caddy or similar at eye height, not anywhere that requires bending down to retrieve and return.

Prepare all supplies in advance, and place them in the bathroom within reach. Not all hygiene tasks need to occur in the shower or tub; shaving, teeth brushing, and nail care can be saved for after bathing, but these supplies should be readied along with the cleaning items.

Modesty. In a facility setting or an arrangement with professional home care, part of intake should include taking notes about the patient's cultural needs and care preferences that would require gender-specific assistance during intimate care. Even for family care partners, though, it may be uncomfortable for both parties if modesty needs remain unaddressed. Communication is the key!

If desired, the patient can remain wrapped in a towel during bathing, opening the fabric only as needed for washing those areas of the body. The warm, wet towel can also help prevent chill.

Temperature. The bathroom should be warm—if it's too warm for you, that's about right. Test and adjust the water temperature before the person gets in. Use gentle water pressure, as some patients are especially sensitive and even moderate pressure can be painful. ➔

BATHING CONCERNS FOR PATIENTS WITH DEMENTIA

All of the advice at left applies for patients with dementia, but there are a few unique notes for this group.

Remember that language loss is common as the disease progresses to the late-middle stage and beyond. The patient may be unable to find or form the words to express pain, that the water temperature is too hot/cold, or that they are otherwise uncomfortable.

When a patient can't verbally communicate, they may use behaviors to get your attention. A person may stiffen, forcibly grab your arm, and even hit you. Remember that this is not personal. They are trying to communicate in the best way they can. Stop what you're doing and try to determine what environmental factors may be causing them discomfort.

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 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 can tailor certain lectures to the layperson and conduct seminars for residents of senior living communities, church groups, and the like. We are available to present in-person at your facility or over Zoom.



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Available Topics

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Connect With Us

Contact Delinda Brown, Director of Outreach, to discuss your group's needs. (925) 829-8770; delindab@hopehospice.com.