

# Environment



**Observe the resident's body language- What does it tell you?**



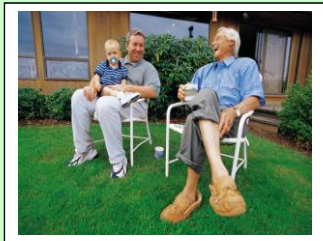
## Prevent Disorientation

### How well do you know your residents?

Each resident should have a baseline assessment of their mental and physical ability. Check the resident's life plan and update it as you find out more about them.

Find out what activities the resident enjoyed doing before they joined your home e.g:

- Where did they live before?
- Who are their friends and relatives?
- Did they have PETS they care about and miss?



### How alert is your resident?

Are they better at some times during the day than others?

- The resident may be more alert and more responsive in the morning.
- It is natural to be more drowsy in the afternoon after lunch
- Residents may become more confused toward the evening- the 'sundown effect'



### Signs of relaxation

- Sitting well back in the chair
- Relaxed head and shoulders
- Feet flat on the floor or legs stretched
- Loose limbs, head resting back
- Engaged in normal activities

### Signs of distress

- Knees clenched together
- feet up on toes,
- Tense- tight shoulders,
- Holding their head in their hands
- Frowning or looking about anxiously
- Rocking, fidgeting or picking at clothing



### Unusual sensory experiences

**Listen to your resident try to find out if they are experiencing something unpleasant**

**Hallucinations** – Unusual sensory experiences are frequently found in delirium e.g. seeing things, hearing things or feeling things that aren't there e.g. spiders in the bed.

**Delusions** - False beliefs that persist despite contrary evidence e.g. The resident refuses to eat because they think the their food is poisoned, even though they can see everyone else eating.

**Paranoia** (common in dementia) -Unrealistic blaming beliefs. The resident cannot separate fact from fiction e.g. the resident has lost an item or money they hid under a pillow. They have forgotten they took it from under the pillow yesterday and hid it in the drawer. When it is found the staff are accused of moving it or replacing the item.

Reference:<http://www.bendigohealth.org.au/> / Regional-Dementia Management / Word documents/Strategies.doc 12/12/2006

## INVESTIGATE! Think about the environment,

### How is it affecting the resident?

- Is the noise from the TV or radio too much for them?
- Are other people being noisy?
- Is the lighting or bright sunlight shining directly onto their face
- Has there been a change in daily routines or activities?
- Is there a change in circumstances that has affected their usual freedom?
- Are there unfamiliar personnel around or workmen in the area?
- Have you checked the patient's pressure areas? (refer to pressure relief plan or policy)

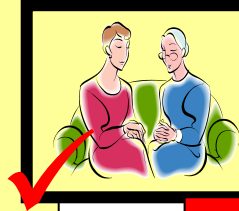


### What can YOU do to help the resident?

## 1) Reassurance – Use good communication skills

- Get down to the resident's height to reduce intimidation- do not tower over them
- Engage eye contact and smile, hold their hand, tell them your name
- Use their name and speak to them calmly but clearly
- Make sure you talk TO the resident and not AT the resident.
- Listen to what the resident is saying, how do they feel?

If you are struggling, get a person who has already bonded with them e.g. key worker, relative or friend



**Also Investigate other causes of Delirium  
P.In.C.H. M.E!**

### Maintain their abilities....

Some residents may have difficulty thinking and planning which affects their abilities to complete tasks and activities they enjoy.

To help people remain active the Pool Activity Level Instrument (Pool,1999) breaks day to day activities such as washing or dressing into four main levels depending on the resident's cognitive abilities:

**Planned activity-** The resident works towards completing a task e.g dressing independently, but may need help with grooming their hair and doing their finishing touches. They may be able to work on craft projects like making a card or hat.

**Exploratory activity-** The resident gets dressed but things may be in the wrong place. Try breaking the task into small chunks for them and provide prompts- they may join in craft projects but need prompting and will enjoy the social time doing the task than the end product.

**Sensory activity-** The person may not have many thoughts about performing an activity at all and will need a lot of prompting. They may be able to dress themselves if prompted at every step of the task but they may still enjoy very simple repetitive activities like winding wool or colouring in.

**Reflex activity-** The resident is completely dependent and may not be aware of their surroundings- any movement they make may be a response to a stimulus. Excessive stimuli can cause great distress e.g noise, bright light, sudden movement. Try focussing on single sensations- e.g stroking a hand, combing hair, imitating a gesture such as waving

For more information refer to Jackie Pool, Bradford Dementia Group, (1999) *The Pool Activity Level Instrument: a practical resource for carers of people with dementia*, London: Jessica Kingsley Publishers.

## 2) Reorientation – more communication: *who we are, where we are, what we are doing....*

If the resident uses glasses or a hearing aid, check that they are on, clean and working.

Take the person away from the noisy environment to a quieter room or their own room and point out their familiar things e.g. “Look this is your room... and here’s your photograph of...”



### Orientation with daily living activities –

Bring the resident back to the here and now. Encourage them to notice things around them that act as cues to tell the time of day such as meal times, bath time, tea times e.g:

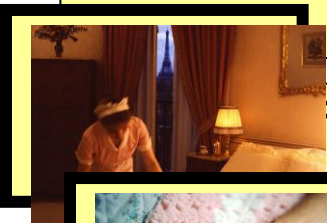
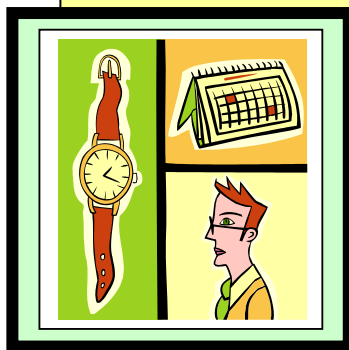
“12 o’clock, it’s dinner time... look the table is all set for lunch, are you feeling hungry?”

### Orientation with the time of year and the environment outside-

Help the resident to look at the clock & calendar, if they haven’t these things ask a relative to bring them.

Help them to notice the time of day through the window and what is happening outside e.g.

“Look at the rain outside this afternoon, can you see the workmen? They’re getting wet...”



## 3) Relaxation – *communicate that YOU care:*

- Reduce unnecessary volume from the TV or turn on to something soothing like classical music
- Reduce very bright lighting, or shade the resident from strong sunlight
- Use a very calm and soothing tone of voice
- Wash their face and hands gently with warm water, use slow soothing strokes
- Tuck their knees in a small blanket to help them feel secure and cosy

Monitor the resident’s confusion level,

- Remember that delirium can *fluctuate*, changes occur *suddenly*
- Keep a close eye on the resident, there is a greater risk of them falling.
- Make sure that all the resident’s physical needs are being met
- Be on the alert for other causes of delirium