For the slides from this presentation, visit:

[www.teepasnow.com/presentations](http://www.teepasnow.com/presentations)

Slides will be available for 2 weeks

---

Handouts are intended for personal use only. Any copyrighted materials or DVD content from Positive Approach to Care® (Teepa Snow) may be used for personal educational purposes only. This material may not be copied, sold or commercially exploited, and shall be used solely by the requesting individual.

Copyright 2017, All Rights Reserved
Teepa Snow and Positive Approach to Care®
Any redistribution or duplication, in whole or in part, is strictly prohibited, without the expressed written consent of Teepa Snow and Positive Approach to Care®
Other Health Impairments

Melanie Bunn, RN, MS
- PAC Certified Independent Trainer, Coach, Consultant, and Engagement Leader
Carolyn Lukert, CGCM, MBA
- PAC Certified Independent Trainer, Coach, and Consultant

Area 1: Health Maintenance

- **Screening:**
  - What to screen
    - Guideline: What’s appropriate by age, current health status, risk stratification
  - When to screen/When not to screen
    - Guideline: Only screen when what you find will make a difference in your treatment plan
- **Prevention:**
  - Vaccines
  - Healthy lifestyle choices

Area 2: Acute Problems

Challenges:
- Atypical/unusual presentation
- Communication difficulties
- Differentiating between progression of dementia and new problem
Atypical/Unusual Presentation:
- Common in older people
- More common in people with dementia
- May present:
  - With non-specific complaints (tired, "worn out")
  - Without expected changes in lab values or physical findings (fever)
  - Primarily with changes in:
    - behavior/routine/emotion/personality

Communication Difficulties:
- Receptive loss
  - They don’t understand our questions
  - They don’t understand our words
- Expressive loss
  - They do understand cadence and may “answer” questions
- Increasing vagueness
  - Know what they want to say but can’t say it
  - Can’t form thoughts in words

What could it be? How do you know? Differentiating between progression and new problem:
- Exacerbation of chronic illness
- Onset of an acute illness
- Progression of dementia
Exacerbation of chronic disease: Old problems make a difference

- What are the person’s medical problems?
  - Diseases, diagnoses, surgeries
- What other issues impact the person’s physical abilities?
  - Pain
  - Vision/hearing
- Dementia’s probably not going to make the situation better!!!

Could it be a new physical problem?

Maybe

Probably:
  • If the change is quick
  • If it’s happened before
  • If it’s happening to you or others around the person
  • If it runs in the family

Watch for changes in:
  • Function or ability to do things
  • Behavior
  • Mood
  • Routines

Progression of Dementia:

- Rarely happens quickly (except sometimes with Lewy Body/Vascular Dementia)
- Usually changes occur over weeks and months, not hours and days
- If the changes happen over hours and days, consider the possibility of delirium
Delirium:
- Sudden change
- Fluctuations
- Inattention
- Altered level of consciousness or disordered thinking
- Medical emergency
- Recovery depends on getting appropriate treatment quickly
- Still…vulnerable brain

Causes of Delirium:
- Physical
  - New condition (infection)
  - Ongoing condition (diabetes)
  - Medications
- Emotional
- Environmental
  - Change in routine
  - Change in physical environment

Confusion Assessment Method:
1. Acute Onset or Fluctuating Course
   and
2. Inattention
   and
3. Disorganized thinking
   or
4. Altered Level of consciousness
The diagnosis of delirium by CAM requires the presence of features 1 and 2 and either 3 or 4.
Area 3: Managing Chronic Illness

- Continue what’s working
- Consider impact on brain function
- Stop at the right time

How Do You Decide What to Do and When to Do It?

- First, remember…these are decisions
- Then, consider what the person said about treatment
- Finally, ponder risk/benefit with health care team and care partners

Risk/Benefit Considerations:

- Type of dementia
- Level of dementia
- What’s involved in treatment?
- Medications (adverse reactions)
- Monitoring (labs)
- What will happen if we do it?
- What will happen if we don’t do it?
Always Come Back To:
- What would he/she say?
- Do everything
- Do some things
- Do nothing

Progression of Dementia: The GEMS® States

Sapphires
- Us on a good day
- Clear and true to ourselves
- May feel ‘blue’ over changes
- Can typically choose our behavior
- May have other health issues that affect behaviors
- Recognize life experiences, achievements and values
- Can follow written info and hold onto it
Diamonds:
- Sharp, hard, rigid, inflexible, can cut
- Many facets, still often clear, can really shine
- Are usually either Joiners or Loners
- Can complete personal care in familiar place
- Usually can follow simple prompted schedules
- Misplace things and can’t find them
- Resent takeover or bossiness
- Notice other people’s misbehavior and mistakes
- Vary in lack of self-awareness
- Use old routines and habits
- Control important roles and territories, use refusals

Progression of Dementia and 3 Areas of Focus:
- As disease progresses, your priorities and emphasis will change
- However, attending to the 3 areas of focus, will help your plan of care be consistent with the person’s current condition

Diamonds:
- Health maintenance
  Continue usual health maintenance
- Identifying/diagnosing new problems
  Complete evaluation of any new problems
- Managing chronic disease
  Continue managing chronic disease
Emeralds:
- Changing color
- Not as clear or sharp, more vague
- On the go, need to ‘do’
- Flaws may be hidden
- Time traveling is common
- Are usually Doers or Supervisors
- Do what is seen, but miss what is not seen
- Must be in control, but not able to do it correctly
- Do tasks over and over, or not at all

Emeralds:

Health maintenance
Continue health maintenance based on expected progression

Identifying/diagnosing new problems
Monitor for new problems

Managing chronic disease
Continue managing chronic disease

Ambers:
- Amber Alert: Caution!
- Caught in a moment
- All about sensation and sensory tolerance, easily over or under-stimulated
- May be private and quiet or public and noisy
- No safety awareness
- Egocentric
- Lots of touching, handling, tasting, mouthing, manipulating
- Explorers, get into things, invade others’ space
- Do what they like and avoid what they do not
Ambers:

Health maintenance
Continue preventative measure—vaccines

Identifying/diagnosing new problems
Monitor for new problems based on behaviors and function

Managing chronic disease
Continue management

Rubies:

- Hidden depths
- Major loss of fine motor finger and mouth skills, but can do gross motor skills like walking, rolling, rocking
- Comprehension and speech halted
- Wake-sleep patterns very disturbed
- Balance, coordination, and movement losses
- Eating and drinking patterns may change
- Tends toward movement unless asleep
- Follows gross demonstration and big gestures
- Limited visual awareness
- Major sensory changes
Pearls:
- Hidden in a shell: still, quiet, easily lost
- Beautiful and layered
- Spends much time asleep or unaware
- Unable to move, bed or chair bound, frequently fall forward or to the side
- May cry out or mumble often, increases vocalizations with distress
- Can be difficult to calm, hard to connect
- Knows familiar from unfamiliar
- Primitive reflexes
- The end of the journey is near, multiple systems are failing
- Connections between the physical and sensory world are less strong but we are often the bridge

Pearls:
- Health maintenance
- Continue public health
- Identifying/diagnosing new problems
- Monitor for impacts of new problems and evaluate based on wishes, otherwise base intervention on wishes
- Managing chronic disease
- Consider d/c chronic management

Resources: