

**Nursing Care of the Client after a Neurological Impairment
Learning Activity: Week 3**

Overview:

Concepts:

- **Family and Individual**
- **Hardiness**
- **Resilience**
- **Vulnerability**
- **Community**
- **Environment**
- **Spirituality**
- **Transitions and Change**
- **Comfort**
- **Epidemiology**
- **Healing**

Learning Outcomes:

- Identify the related concepts of Resilience, Vulnerability, Environment, Transitions and Change and Healing with neurological impairment management
- Demonstrate the acute management for a client with neurological impairment
- Explain the rehabilitation nursing management for a client with neurological impairment
Summarize the psychosocial impact of a neurological impairment on the client and family

In Preparation:

Week 1:

1. **READING CHAPTER**
Read the chapter 'Nursing Management: Alzheimer's and Dementia', chapter 62 in Lewis, S. M., Heitkemper, M. M., Dirksen, S. R., O'Brien, P. G., & Bucher, L. (Eds.). (2014). *Medical-surgical nursing in Canada: Assessment and management of clinical problems* (3rd ed.). Toronto, ON: Elsevier Canada. Pages 1565-
2. **EVIDENCE BASED RESEARCH - SYSTEMATIC REVIEW**
Du, Z., Li, Y., Li, J., Zhou, C., Li, F., & Yang, X. (2018). Physical activity can improve cognition in patients with Alzheimer's disease: a systematic review and meta-analysis of randomized controlled trials. *Clinical interventions in aging, 13*, 1593.

- a. Clearly identify the issue or problems of neurological impairment based on accurate analysis of current nursing knowledge and practice
- b. Search the literature article for relevant research resources on neurological impairment
- c. Evaluate the research evidence on neurological impairment based on scientific merit
- d. Choose interventions for neurological impairment and justify the selection with the most valid evidence
- e. After reviewing the evidence-based nursing literature on neurological impairment, summarise the evidence-based article addressing the problem, and make your recommendations for change in nursing practice.

3. CASE BASED QUIZ

1. What kind of approach and level of eye contact should caregivers be taught to provide to their family member with dementia?
 - a. Rapid and quick touch and no eye contact
 - b. Gentle persuasion and frequent eye contact
 - c. Speak in full sentences and a few gestures
 - d. Provide a stimulating environment with hand signals
2. How should you teach a caregiver to alter tasks so that their loved one with dementia can complete them?
 - a. They should give simple tasks
 - b. Provide rigid and strict tasks

- c. Focus on multi-tasking tasks
 - d. Concentrate on multiple procedures at one time
3. How can you teach a caregiver to overcome the cognitive deficits that occur with dementia?
- a. Use long teaching segments
 - b. Provide slow activities to learn
 - c. Use of simple games and activities
 - d. Assess ability to multi-task skills
4. A 58-year-old patient who is hospitalized with pneumonia is disoriented and confused 2 days after admission. Which information indicates that the patient is experiencing dementia?
- a. Patient is oriented and alert when admitted
 - b. Patient has good memory and skill performance
 - c. Patient is good judgment and abstract thinking
 - d. Patient's speech is fragmented and incoherent

5. EVIDENCE BASED NURSING CASE STUDY

Case Study 1: Mrs. Sonal, an Alzheimer's dementia

Overview: Sonal is a 60-year-old African woman, retired a few years ago, around the time she started to show the first signs of Alzheimer's disease. She lives in her house with her spouse and shares it with one of their daughters and her two teenage sons. In addition to her newly diagnosed Alzheimer's disease, she has a history of stroke and hypertension (150/90). Currently, she is reluctant to take antihypertensive medication, or makes dietary (low fat, low sodium) and has no physical activity (she used to walk with a group of women 1-2 times a week in the past) changes.

Simulation Scenario 1 occurs in the home during a regularly scheduled home visit by a nurse who is following up on Sonal's adjustment to newly prescribed medication and assessment of his mental status and safety in the home environment. During this visit, the nurse notices some changes in Sonal's appearance compared to a month prior: she is thinner, looks tired, and she reports a decrease in sleep to about four hours per night. When asked about these changes, Sonal replies: "I have a lot of things on my mind and in my heart" but does not elaborate. The

nurse assesses Sonal's sleeping pattern and finds out that she is up at night for an occasional trip to the bathroom.

Simulation Scenario 2 occurs in the Sonal's home, a month later, during the evening, with her spouse and daughter present throughout the visit. At the next visit, the nurse meets with Sonal and her spouse, and daughter and finds out that they are consistently participating in the care of Sonal. Her husband is also concerned about her weight loss and decreased sleep, he agrees that her stress level has recently increased.

Visiting nurse The nurse is concerned about the weight loss, persistent insomnia, and the fact that Sonal's blood pressure is steadily increasing (today's value 146/82), while she is refusing medication. The nurse carefully conveys her concerns to both her husband and her daughter. She suggests a referral for a consult with a Nurse Practitioner (NP) specializing in Geriatric Mental Health. At first, Sonal replied that there was nothing wrong with her mental health and dismissed the suggestion. The visiting nurse explained that this NP is familiar with issues related to dementia patients and that she is also prepared to treat medical conditions such as hypertension. After some deliberation and encouraging from both visiting nurse and her husband, Sonal agrees to follow through with the referral.

Simulation Scenario 3 occurs in the NP's office, a few weeks later. Michelle has worked as a Geriatric Mental Health NP in this community-based clinic for the past five years and is familiar with the neighborhood where Sonal resides. Sonal and her spouse comes to her appointment poorly dressed, does not introduces herself and not making eye contact. Her husband states: "I am worried about my wife and her new diagnosed dementia." Michelle asks a few brief questions about her medical history, her family heart disease history, diet and exercise. She finds out that Sonal has a significant family history of heart disease (both parents and siblings). Sonal denies any history of smoking, drinking alcohol or using illicit drugs. She also denies any chronic conditions (diabetes, lung, kidney disease). Currently she is taking only calcium 1200 mg/day.

Her vital signs at the time of the visit are: BP 158/90 (sitting) and 156/92 (standing), HR 80, strong, regular, with a knee pain level of 3/10. She is 5'4" and weighs 125 pounds. She acknowledges recent weight loss but is unable to state exactly how much. Michelle notices the dress fits slightly loosely on Sonals' body. Sonal describes a regular pattern of waking up around 12-4 AM with inability to continue restful sleep afterwards. She sets up her next clinic appointment in two weeks.

Critical thinking questions

- a. How does Sonal' clinical presentation look like?

- b. What is her mental status examination?

- c. What would be the further diagnostic studies prescribed by the NP?
- d. Summarize her clinical findings
- e. Describe the evidence informed practice recommendations for Sonal and her family.

CASE STUDY 2. MR. AG, NEURO/ DEMENTIA

A 75-year-old, Native Canadian male living in a long-term care facility. Wife passed away 4 years ago, and he has no children. Pre-existing condition is progressive dementia over the past 6 years. Unable to care for himself independently due to cognitive decline and has urinary incontinence. Impaired communication secondary to altered mental status.

Client Profile

Mr. AG has a history of dementia. His dementia limits his ability to respond appropriately to questions and at times Mr. AG is easily agitated and resistant to nursing care. He refuses to take his medications, spitting them back out, gripping the bedside rail when the nurse tries to turn him, and yelling out for his wife to save him.

Case Study

AG is a 75-year-old man with a history of dementia. He is a resident of a long-term facility. Mr. AG's frequent incontinence necessitates the development of therapeutic communication to facilitate activities of daily living (ADL) care and frequent skin hygiene. The nurse caring for Mr. AG for the first time soon learns that talking slowly and softly is the most effective way of focusing the client's attention and prompting him to follow basic instructions such as turning side to side. The nurse feels uneasy about speaking to Mr. AG as if he were a child in some ways. However, the nurse finds that this manner of speech keeps Mr. AG calm and that he responds well to praise and compliments and that he is very helpful to the nurse in assisting with his own care.

On the second day of caring for him, the nurse notes that Mr. AG is more agitated and needs frequent reorientation regarding where he is. The nurse needs the assistance of another person to hold Mr. AG's arm steady while assessing his blood pressure since Mr. AG keeps pulling his arm away yelling "no". At one point in the day, Mr. AG tells the nurse, "There was a little boy in the room a minute ago. Where did he go?" The nurse knows there was not a little boy in the room but does not know how to respond. The nurse ignores Mr. AG's comment and redirects his attention to what is on television.

When saying good-bye to Mr. AG at the end of the second day, the nurse is disappointed that Mr. AG does not seem to recognize the nurse nor remember that the nurse has been caring for him for the past two days. The nurse is saddened to see him so confused and is emotionally exhausted after two day of responding to his frequent changes in behavior.

Critically Thinking Questions:

1. The nurse caring for Mr. AG overhears another nurse state, "Well of course he is confused. He is 75-year-old." How should Mr. AG's nurse respond?
2. Discuss the characteristics that define dementia. What is the principal difference between the diagnoses of delirium and dementia?
3. Describe the following strategies for caring for a confused client: validation, reality orientation, redirection, and reminiscence.
4. Explain why Mr. AG may state, "There was a little boy in the room a minute ago. Where did he go"? Which of the above strategies (in question 3) would be most effective in responding to his statement?
5. What are three nursing diagnoses appropriate for Mr. AG's plan of care?
6. Discuss the importance of nonverbal communication when communicating with a person who is confused and agitated. Consider Mr. AG's ethnicity.

In Class:

Week 3

- Listen to lecture on neurological impairment management (acute)
- Participate in class discussion
- Complete in-class quiz
- Listen to lecture on neurological impairment management (long term)
- In-class discussion from in-prep assignment
- Discuss teaching topics related to online resources from in prep

Blended Learning with Interactive Technology

- We will use the flipped classroom teaching approach using blended learning and interactive teaching technology. Review the MS power point notes, evidence-based

reviews and research articles for your class preparation. We will review the evidence-based systematic reviews and peer reviewed research articles, case based multiple choice quizzes, case study scenarios, and learning activities available on the LMS and on the Open Education Access sites in the classroom learning.

- Follow the assessment and evaluation of learning in the course outline, demonstrate your creativity in the assignments and student-centred interactive learning activities. Class room assessment techniques will be used for an end of class feedback and to improve the teaching learning in the course.
- Please bring your digital devices like I-pad, Tablet, Laptop, Smart phone, or any electronic devices with an internet to access the textbooks, library and learning resources.

Moodle NURS2830 Health and Healing Winter

Word press

Mattermost

Hypothes.is

Edmodo

Email

Collaborative documents

References

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