

Dementia Care Education Curriculum Review Applicant Check List

Thank you for your organization's interest in having a curriculum reviewed against the Alzheimer's Association® Dementia Care Practice Recommendations. Please complete the appropriate information in this Applicant Check List and send it along with a copy of the curriculum to the address shown in Appendix A.

Company Submitting:
Program Name:
Date Report Issued:

Please select which of the following categories are to be reviewed by the Alzheimer's Association and list the estimated time required for a trainee to complete the curriculum.

Curriculum Review Pricing Structure (Base Fee of \$250 plus \$300 per topic area reviewed)

SELECT CATEGORY/TOPIC(S) SUBMITTED FOR REVIEW	Number of Minutes to Complete Topic Area by Trainee
Alzheimer's & Dementia® Disease Awareness	
Strategies for Caring for the Person with Dementia	
Communication and Understanding Behavior	
Social Needs and Activities	
Eating Well	
Reducing Pain	
Falls	
Wandering	
Restraint-Free Care	
End-of-Life Care	

For the following items, please check responses that apply or enter text explanation where appropriate.

1. **THIS TRAINING IS INTENDED FOR:**

- Classroom-Based
- Web-based (online)
- Other (define):

2. **DEFINE AUDIENCE:** Please define your intended audience (e.g., informal caregivers, professional caregivers, healthcare workers, residential workers, in-home caregivers, etc.)

3. **PERSON-CENTERED CARE:**

All submitted curricula **MUST** demonstrate evidence of utilizing the person-centered care approach through their materials.

Based on definition listed below, the submitted curriculum:

- Does include elements of person-centered care
- Does not or minimally includes elements of person-centered care

The standard definition of person-centered care is as follows: Person-Centered Care is an approach to caregiving that respects those receiving care as individuals with unique needs and preferences; attempts to promote respect, engagement, individuality, independence, and a better quality of life for those receiving and providing care; and addresses the changing needs of each person with dementia.

4. **ADULT LEARNING PRACTICES:**

All submitted curricula must demonstrate evidence of some or all of the adult learning practices detailed below. Submitted curricula that do not evidence these practices (e.g., straight text or power point slides) will be denied a full review, though a minimum fee of \$250 plus the cost of each module will still apply.

Based on needed elements listed below, the submitted curriculum:

- Does include adult learning practices
- Does not or minimally includes adult learning practices

ADULT LEARNING ELEMENTS:

Visual Learning Techniques:

Video clips | Charts/graphs/slides | Flip charts

Audio Learning Techniques: Discussion | Lecture

Interactive Learning Techniques: Interactive exercises | Small group discussion and exercises | Experiential exercises | Role plays | Case studies

5. **CULTURAL COMPETENCE**

All submitted curricula must demonstrate an awareness and demonstration of cultural competence in the delivery of quality dementia care (e.g., training reflects that individual’s behaviors, language, customs, beliefs, and perspectives may differ and are appropriate based on their ethnic, racial,

religious, geographic, or social groups that comprise their culture.)

Based on information listed below, the submitted curriculum:

- Does include elements of cultural competence
- Does not or minimally includes elements of cultural competence

6. **EVIDENCE BASED STATUS**

Applicants must submit information regarding the basis of their training information by module (e.g., predominantly expert opinion, case reports, case-control studies, cohort studies, randomized controlled trials, or systematic reviews.)

- If references are listed in the curriculum it is sufficient to state “see references.” The Association review will assume non-referenced material is based on expert opinion.
- If curriculum includes information on the development, such as listing the experts who developed and/or reviewed the curriculum, the date and methods of any literature searches, etc., then it is sufficient to state “see development information submitted.”
- If several different resources were used within a module, just list the type of resources and how they were applied. For example for the “Falls” module, a response could state: systematic reviews were used for information on the overall prevention of falls, but expert opinion was used for information on assessing for falls risk.

1. Select topic(s) 2. Report Evidence/Resources: (Text input is not limited.)

Alzheimer’s & Dementia® Disease Awareness

Reducing Pain

Strategies for Caring for the Person with Dementia

Falls

Communication and Understanding Behavior

Wandering

Social Needs and Activities

Restraint-Free Care

Eating Well

End-of-Life Care

CATEGORY I: Alzheimer's & Dementia® Disease Awareness

Curriculum Review of Specific Elements

For each module submitted for review, please determine if the Category and sub-topics listed below are included in your training module(s). If additional information is included in the module that you want to highlight, please provide that information as text input next to the "other" bullet point. Your text input is not limited and space given can be expanded.

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

- | | |
|---|--|
| <ol style="list-style-type: none">1. DIFFERENCE BETWEEN DEMENTIA AND ALZHEIMER'S DISEASE CLEARLY DEFINED.2. STATISTICS ABOUT PREVALENCE<ol style="list-style-type: none">a. More women than men are diagnosed with Alzheimer's diseaseb. People with fewer years of education are at a higher risk to develop Alzheimer's disease and other dementias than those with more educationc. Older African Americans and Latinos are at a greater risk of developing Alzheimer's disease or other dementia than Older Whitesd. Other3. WARNING SIGNS, FOR EXAMPLE THE ALZHEIMER'S ASSOCIATION "KNOW THE 10 SIGNS," BELOW:<ol style="list-style-type: none">a. Memory loss that disrupts daily life
Challenges in planning or solving problemsb. Difficulty completing familiar tasksc. Confusion with time or placed. Trouble understanding visual images and spatial relationshipse. New problems with words in speaking or writingf. Misplacing things and losing the ability to retrace stepsg. Decreased or poor judgmenth. Withdrawal from work or social activitiesi. Changes in mood or personalityj. Other4. LANGUAGE PROBLEMS<ol style="list-style-type: none">a. Word findingb. Made up words/sentences (confabulation)c. Inability to speak in complete sentences (expressive aphasia)...<i>continued</i> | <ol style="list-style-type: none">d. Forgets non-native language, if speaking more than onee. May not understandf. Inability to speakg. Problems reading and writingh. Co-existing medical conditions that may impede language (expressive aphasia, hearing loss, vision loss, etc.)i. Other5. VISUAL SPATIAL SKILLS<ol style="list-style-type: none">a. Getting lost in familiar localesb. Misjudging distancesc. Shiny surfaces, like floors, can be perceived as wetd. Mistaking carpeting as a hole, or something dangerouse. Other6. PERSONALITY CHANGES<ol style="list-style-type: none">a. Organic changes within the brain may result in personality changes that could serve as a warning of the presence of dementiab. Difficulty with exercising reasoning and/or judgmentc. Should be normalized so they can be anticipated and better understoodd. Mobility may be impaired, altering personalitye. Other7. THREE STAGES OF ALZHEIMER'S DISEASE & DEMENTIA<ol style="list-style-type: none">a. Stage 1 – Early Stageb. Stage 2 – Mid Stagec. Stage 3 – Late Stage8. CURRICULUM MUST STRESS THE PROGRESSIVE AND FLUCTUATING NATURE OF THE DISEASE |
|---|--|

CATEGORY II: Strategies for Caring for the Person with Dementia

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. COMPLETE ASSESSMENT TRAINING (ENCOURAGE ONGOING ASSESSMENT)

- a. Cognitive health
- b. Physical health
- c. Physical functioning
- d. Behavioral status
- e. Sensory capabilities
- f. Decision-making capacity
- g. Communication abilities
- h. Personal background
- i. Cultural preferences
- j. Spiritual needs and preferences
- k. Safety needs
- l. Other

2. PERSON-CENTERED CARE

- a. Caregivers can determine how best to serve and care for each person with dementia by knowing as much as possible about their history, life story, preferences, and abilities
- b. Best practices involve developing person-centered strategies
- c. Reference the importance of resident rights
- d. Must be room for flexibility in scheduling in the provision of care
- e. Instruction in not treating or speaking to the person with dementia as a child
- f. Other

3. SOME FUNDAMENTALS OF WORKING WITH PERSONS WITH DEMENTIA

- a. A Person with dementia can experience joy, comfort, meaning, and growth
- b. Quality of life depends on the quality of relationships they have with those that care for them
- c. Optimal care occurs within an environment that supports the development of healthy relationships between staff, family, and person with dementia
- d. Other

4. GOALS OF EFFECTIVE DEMENTIA CAREGIVING INCLUDE:

- a. Environmental factors that can lessen quality of life need to be addressed, e.g., background noise or music too loud, floor surfaces not conducive to dementia gait or shuffle, extra stimulation that can be minimized in residential setting; access to outdoor space; proper lighting levels.
- b. Staff and family (professional and informal caregivers) should work as "care partners" with the person with dementia for optimal functioning and quality of life
- c. Caregivers should use a flexible, problem-solving approach designed to prevent problems before they occur by anticipating the changing needs associated with the person with dementia.
- d. Other

CATEGORY III: Communication and Understanding Behavior

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. THE ABILITY OF THE PERSON WITH DEMENTIA TO COMMUNICATE WILL DEPEND ON FACTORS INCLUDING:

- a. Memory loss
- b. Stage of disease
- c. Past communication style
- d. Amount of damage to the temporal lobe, vision and hearing deficits

2. VERBAL STRATEGIES FOR COMMUNICATING WITH A PERSON WITH DEMENTIA EXPERIENCING APHASIA:

- a. Be patient during conversations (offer a guess, insert a word)
- b. Allow extra time for the person with dementia to respond
- c. Call the person with dementia by the name he/she prefers
- d. Make eye contact
- e. Eliminate environmental distractions
- f. Other

3. PERSONS WITH DEMENTIA COMMUNICATE THROUGH THEIR BEHAVIORS AS MUCH AS THEIR LANGUAGE; AS LANGUAGE DIMINISHES WITH DISEASE PROGRESSION, BEHAVIOR BECOMES THE KEY TO COMMUNICATING FOR A PERSON WITH DEMENTIA

4. TRAINING ON PHYSICAL CUES OR "CLUES" THAT CAREGIVERS CAN LOOK FOR TO BEST ANTICIPATE THE NEEDS OF THE PERSON WITH DEMENTIA

5. BEHAVIOR AS COMMUNICATION

- a. Non-verbal communication
- b. Learning to observe and interpret behaviors of the person with dementia
- c. Understanding that behaviors often described as "difficult," "challenging," or "negative" (e.g., kicking, biting, yelling, aggressiveness, spitting, etc.), are most likely communicating some distress for the person with dementia (e.g., pain, need for toileting, frustration and/or confusion)...*continued*

- d. Reframe "negative," "challenging," and "difficult" behaviors as "dementia related behaviors." These also include threatening behaviors or behaviors that violate the rights of others in the community or setting
- e. Learning to interpret behaviors leads to learning how to anticipate needs, working to lessening dementia related behaviors

6. UNDERSTAND THAT BEHAVIORS FALL ON A SPECTRUM: COMMON, CHALLENGING, HARMFUL (when it violates the person with dementia or another person's rights)

- a. Common behaviors such as repetitive storytelling/questioning (because of short term memory loss), rummaging, hoarding, reverting to past experiences, may only need an intervention or just need a diversion technique
- b. Challenging behaviors that negatively impact a person's safety or emotional sense of wellness or quality of life such as anxiety, hallucinations, delusions, paranoia, catastrophic reactions, resistance to care (eating, toileting, bathing) need an intervention
- c. Harmful behaviors are aggressive behaviors that are verbally or physically threatening and therefore require a de-escalating intervention
- d. Person-centered strategies for interventions depend on caregivers knowing the person with dementia, his/her history, preferences, hobbies, etc.
- e. Common behaviors such as rummaging could be interpreted as a search for something familiar (for reassurance)

e.g., using reminiscence about something meaningful (scrap book, photo album) as an intervention strategy also works to engage the person
- f. Common behavior such as resistance to care may happen as a result of mood, timing, not adhering to preferences, rushing, not using enough non-verbal cues

e.g., determining the person's preference is a start to understanding resistance to assistance;

ruling out triggers such as pain, environmental distractions, temperature, social interactions (via caregiver and/or fellow resident), emotional issues

CATEGORY IV: Social Needs and Activities

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. **DISCUSSION OF SOCIAL ENGAGEMENT FOR THE PERSON WITH DEMENTIA AS A MEANS OF QUALITY CARE AND PERSON-CENTERED CARE**

- a. The activities that make up a person's daily experience should reflect, as much as possible, that individual's preferred lifestyle while enabling a sense of usefulness, pleasure, success and as normal a level of functioning as possible.
- b. Other

2. **PERSONS WITH DEMENTIA HAVE THE OPPORTUNITY TO MAINTAIN AND ENHANCE THEIR DIGNITY AND SELF-ESTEEM BY ENGAGING IN SOCIAL INTERACTIONS WITH THOSE AROUND THEM EVERY DAY**

- a. Caregivers require training and education on how to help a person with dementia achieve this opportunity
- b. Meaningful activities are the foundation of dementia care, as they help a person with dementia maintain their functional abilities and improve their quality of life
- c. Caregivers should work to create activities that are done with, not to or for the person with dementia
- d. Other

3. **TO BEST ENGAGE AND COMMUNICATE WITH A PERSON WITH DEMENTIA, ASSESS THE FOLLOWING:**

- a. Capacity for physical movement
- b. Capacity for mental stimulation
- c. Interest in social interaction
- d. Desire for spiritual participation or needs
- e. Cultural values and appreciation
- f. Recreational interests and preferences
- g. Other

4. **SPECIALISTS IN ACTIVITIES OR RECREATION SHOULD NOT BE SOLELY RESPONSIBLE FOR ENGAGING AND COMMUNICATING WITH THE PERSON WITH DEMENTIA**

5. **LACK OF VERBAL COMMUNICATION SKILLS DOES NOT PREVENT A PERSON WITH DEMENTIA FROM BEING SOCIAL.**

6. **THE ENVIRONMENT MAY EITHER PROMOTE OR DISCOURAGE SOCIAL ENGAGEMENT FOR A PERSON WITH DEMENTIA**

- a. Quiet rooms free from distractions
- b. Access to outdoor areas
- c. Good lighting, temperature
- d. Social areas for being with others easily
- e. Other

7. **OFFERING THE PERSON WITH DEMENTIA ACTIVITIES THAT ACCOMMODATE THEIR DIFFERENT LEVELS OF FUNCTIONING (early, middle, late stage changes) CAN PROMOTE GREATER PARTICIPATION**

8. **ACTIVITIES SHOULD:**

- a. compensate for lost abilities;
- b. promote self esteem;
- c. maintain residual skills and not involve new learning (strength-based);
- d. provide an opportunity for sense of accomplishment or usefulness, purpose, enjoyment, pleasure and social contact;
- e. be culturally sensitive
- f. Other

9. **IDEALLY, ACTIVITIES COVER DOMAINS SUCH AS:**

- a. Productive (work), Leisure (relaxation and entertainment), Self-care (personal and instrumental activities of daily living), and Insightful (self-growth and spiritual) offer the most well-rounded social engagement program.
- b. Minimally, address a variety of activities that are meaningful and person-centered

continued on the next page >

CATEGORY IV: Social Needs and Activities

10. IN ORDER TO PROMOTE A PERSON-CENTERED, MEANINGFUL APPROACH, ACTIVITIES SHOULD BE TAILORED TO A PERSON'S:

- a. former life style
- b. former roles
- c. work history
- d. hobbies
- e. recreational and social interests
- f. travel
- g. significant life events (e.g. migration, war)
- h. spiritual and cultural preferences
- i. family dynamics and relationships
- j. celebrations
- k. sense of humor
- l. fears
- m. Other

11. PERFORMING ONGOING COGNITIVE AND FUNCTIONAL ASSESSMENTS WILL REVEAL STRENGTHS AND LIMITATIONS IN EVERY AREA OF DAILY LIVING: MOBILITY, SHOWERING, DRESSING, EATING, SEEING, HEARING AND COMMUNICATION, AND ACTIVITY ENGAGEMENT.

CATEGORY V: Eating Well

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. **DISCUSSION OF KEY CONCERNS IN SUSTAINING PROPER NUTRITION AND HYDRATION FOR THE PERSON WITH DEMENTIA**
 - a. Cultural differences
 - b. Communication abilities
 - c. Swallowing abilities
 - d. Interest wanes
 - e. Attention wanes
 - f. Forgetfulness
 - g. Other
2. **IMPORTANCE OF FOSTERING PERSON-CENTERED CARE AROUND MEALS TO INCREASE CONSUMPTION AND ENJOYMENT OF MEALS**
3. **DISCUSSION OF WHAT CAREGIVERS SHOULD BE ASSESSING AT MEALS:**
 - a. Swallowing capacity
 - b. Consumption
 - c. Utensil usage
 - d. Attentiveness
 - e. Sociability
 - f. Food allergies
 - g. Other
4. **DISCUSSION OF CAREGIVER APPROACHES TO ENHANCE NUTRITION/HYDRATION**
 - a. Create familiar environment
 - b. Minimize distractions
 - c. Provide adaptive utensils
 - d. High lipped plates
 - e. Contrasting color between plate and table or linens
 - f. Finger foods
 - g. Limit food/drink choices
 - h. Thicken drinks as needed
 - i. Other
5. **IMPORTANCE OF ENCOURAGING INDEPENDENCE IN EATING**
6. **MEALS AS ACTIVITY:**
 - a. Opportunity to interact and observe the person with dementia
 - b. Caregivers should sit, make eye contact, and speak to the person with dementia
 - c. Where possible, involve the person with dementia in meal preparation and meal set-up
7. **NUTRITION AND HYDRATION NEEDS WILL EVOLVE AS DEMENTIA PROGRESSES**
 - a. Introduce fortified foods and supplements as needed
 - b. Include foods higher in calories and protein
 - c. Diet may progress to liquid only
 - d. Possible introduction of artificial nutrition and hydration
 - e. Leads to discussion of ending artificial nutrition and hydration
 - f. Other

CATEGORY VI: Reducing Pain

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. **DEFINE PAIN AS AN INDIVIDUAL'S UNPLEASANT SENSORY OR EMOTIONAL EXPERIENCE**

2. **ACUTE PAIN V. CHRONIC PAIN**

- a. Acute pain occurs abruptly and escalates quickly
- b. Chronic pain is persistent or recurrent pain

3. **DISCUSSION OF WHAT PREVENTS A PERSON WITH DEMENTIA FROM ACCURATELY REPORTING PAIN**

- a. Cognitive impairment
- b. Limited communication abilities
- c. Cultural background
- d. Emotional status
- e. Other

4. **DISCUSSION THAT PAIN IS UNDER-REPORTED, UNDER-RECOGNIZED, AND UNDER-TREATED IN A PERSON WITH DEMENTIA**

5. **POORLY MANAGED PAIN CAN RESULT IN BEHAVIORAL SYMPTOMS**

- a. Can lead to overuse of psychotropic medication
- b. Refer to recent studies showing that these meds are not recommended for a person with dementia

6. **PROPER PAIN ASSESSMENT INCLUDES:**

- a. Identifying site of pain
- b. Identifying type of pain
- c. Identifying severity or intensity of pain
- d. Effect of pain
- e. Identifying pain triggers
- f. Categorized as acute or chronic
- g. Consistent staffing patterns are more effective in enabling caregivers to properly identify changes in the presentation of a person with dementia
- h. Other

7. **PAIN PREVENTION:**

- a. Explain why a medication schedule given "as needed" is contraindicated for the person with dementia.
- b. Using observational means to assess for pain
- c. Discussion of how care provision may actually cause pain
- d. Improve communication between caregivers
- e. Other

8. **STRATEGIES TO RELIEVE PAIN:**

- a. Move slowly
- b. Support painful joints
- c. Record actions that make a difference
- d. Pay attention to digestion
- e. Provide good skin and dental care
- f. Providing extra pillows
- g. Hand massages
- h. Environmental adjustments, e.g., music, activities, etc.
- i. Other

CATEGORY VII: Falls

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. DEFINE A FALL AS AN INCIDENT WHERE INDIVIDUAL COMES INTO CONTACT WITH THE GROUND OR OTHER SURFACES WITH OR WITHOUT RESULTANT INJURY.
2. IDENTIFY AND DISCUSS RISK FACTORS FOR FALLS:
 - a. Neurological impairment
 - b. Change in mobility
 - c. Change in environment
 - d. Depression
 - e. Fatigue
 - f. Incontinence
 - g. Sustained immobility
 - h. Change in meds
 - i. Environmental contributors:
 1. Clutter Improper or ill-fitting footwear
 2. Lack of stable furniture or grab-bars
 3. Poor lighting
 4. Weather extremes, e.g., snow, ice, rain, excessive heat
 - j. Other
3. AS MOBILITY DECREASES, FALLS RISK INCREASES
4. ASSESSMENT FOR FALLS RISK MUST INCLUDE THE PERSON WITH DEMENTIA + ENVIRONMENT
 - a. Functional ability
 - b. Sensory functional status
 - c. Medical conditions
 - d. Nutritional status
 - e. Medication regimen/changes
 - f. Substance use/abuse
 - g. Psychiatric history
 - h. Accessibility
 - i. Bathroom configuration
 - j. Floor surfaces (e.g., slippery, shiny, carpeting, rugs)
 - k. Shoes
 - l. Sleep-wake cycle
5. DISCUSSION OF HOW ADAPTIVE EQUIPMENT (WALKER, CANE, WHEELCHAIR) MAY INCREASE FALLS RISK
6. CAREGIVER QUICK FIXES:
 - a. Creating clear paths to walk
 - b. Have stable handholds be it furniture or grab bars
 - c. Adjusting height of bed, chair, toilet
 - d. Offer opportunities for exercises that promote strength and balance
 - e. Other

CATEGORY VIII: Wandering

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. **DEFINE WANDERING AS MOVING ABOUT IN WAYS THAT APPEAR AIMLESS, BUT ARE PURPOSEFUL FOR A PERSON WITH DEMENTIA; ALSO RECOGNIZED AS A BEHAVIORAL SYMPTOM OF DEMENTIA**
2. **HOW TO BETTER UNDERSTAND WANDERING:**
 - a. Behavioral expression of basic human need
 - b. Response to environmental stimulus
 - c. Sign of physical discomfort or psychological distress
3. **WANDERING TRIGGERS:**
 - a. Need for food, drink, toileting exercise
 - b. Need for security, companionship
 - c. Desire for more stimulation, attempt to prevent boredom
 - d. Recent change in routine, environment, or caregiver(s)
 - e. Distressing medical or emotional condition
 - f. Unintentional cueing by staff/visitors that it is "time to leave," e.g., dangling keys, saying goodbye
 - g. Other
4. **SAFE VS. UNSAFE WANDERING:**
 - a. Safe wandering = stimulation, social contact, increased mobility
 - b. Unsafe wandering = leaving shelter or entering unsafe areas
5. **HOW TO PROMOTE SAFE WANDERING:**
 - a. Keep current photos of the person with dementia
 - b. MedicAlert® + Alzheimer's Association Safe Return®
 - c. Create clutter-free pathways for walking
 - d. Create a calm, low-stimulus environment
 - e. Have activities to engage the person with dementia
 - f. Access to safe outdoor areas
 - g. Other
6. **BENEFITS OF SAFE WANDERING:**
 - a. Strength conditioning
 - b. Strength preservation
 - c. Prevention of constipation
 - d. Prevention of skin breakdown
 - e. Mood enhancement
 - f. Other
7. **BENEFITS OF SAFE WANDERING:**
 - a. Caregiver goals when wandering occurs:
 - b. Encourage, support and maintain mobility
 - c. Ensure causes of wandering are assessed and addressed
 - d. Prevent unsafe wandering or elopement
 - e. Other

CATEGORY IX: Restraint Free Care

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. **DEFINE PHYSICAL RESTRAINT AS ANY METHOD OR DEVICE THAT CANNOT BE REMOVED EASILY AND WHICH RESTRICTS FREEDOM OF MOVEMENT OR ACCESS TO THE BODY.**
 - a. The effect of the method or device is not always intended to be restrictive
 - b. Examples include: side rails, limb restraints; waist restraints, hand mitts, geri-chairs, over the bed tables that cannot be moved easily, recliners, being confined to a room
2. **MENTION USE OF PHARMACOLOGICAL AGENTS AS AN ADDITIONAL FORM OF RESTRAINT**
 - a. Caution that psychotropic meds should be used with extreme caution
 - b. make mention that they are over-prescribed and sometimes used as pharmacological restraint
3. **DETAIL PHYSICAL CONSEQUENCES OF BEING RESTRAINED:**
 - a. Death
 - b. Injury
 - c. Falls
 - d. De-conditioning
 - e. Incontinence
 - f. Malnutrition
 - g. Dehydration
 - h. Skin tears
 - i. Pressure ulcers
 - j. Contractures
 - k. Infection
4. **DETAIL EMOTIONAL CONSEQUENCES OF BEING RESTRAINED:**
 - a. Distress
 - b. Agitation
 - c. Frustration
 - d. Anxiety
 - e. Anger
 - f. Terror
 - g. Feeling trapped, claustrophobic
 - h. Depression
5. **DISCUSSION OF WHAT CONTRIBUTES TO USE OF RESTRAINTS**
 - a. Wandering behavior
 - b. Frequent falls
 - c. “difficult” behaviors associated with dementia
6. **ADDRESS MYTH THAT USING RESTRAINTS PROMOTES SAFETY**
7. **CAREGIVER APPROACHES TO PREVENT USE OF RESTRAINTS**
 - a. Use of individualized, person-centered care
 - b. Respond promptly to needs
 - c. Use activities to increase stimulation of a person with dementia
 - d. Camouflage and protect wound care areas

CATEGORY X: End-of-Life Care

BASED ON INFORMATION LISTED BELOW, THE SUBMITTED CURRICULUM:

Does include the vast majority of the elements listed below.

Does not or minimally includes the elements of listed below.

1. COMMUNICATION AND ADVANCE PLANNING

- a. Advance Directives
- b. Living Wills
- c. Do Not Resuscitate, Do No Hospitalize, Do Not Intubate
- d. Proxy Agents
- e. Keeping family involved in discussion of disease progression

2. ADDRESSING SYMPTOMS

- a. comfort measures
- b. active dying
- c. “team approach” with all stakeholders
- d. specific awareness of identifying pain at end of life for a person with dementia
- e. Other

3. KEY SYMPTOMS TO BE OBSERVED AT THE END-OF-LIFE:

- a. Change in behaviors, such as withdrawal or agitation
- b. Change in mental status
- c. Change in verbal communication, e.g., yelling or calling out repeatedly
- d. Motor restlessness
- e. Facial grimacing or teeth grinding
- f. Gestures that communicate distress
- g. Rigidity of body posture
- h. Labored breathing pattern
- i. Changes in swallowing ability
- j. Loss of appetite, loss of thirst
- k. Disturbed or restless sleep
- l. Scratching or picking at skin
- m. Excessive sweating
- n. Dry mouth

- o. Accumulation of secretions

- p. Incontinence of bowels

4. ARTIFICIAL NUTRITION AND HYDRATION

- a. Evidence demonstrates that use of g-tubes at the end-of-life does not prolong life and may reduce quality of life

5. PALLIATIVE CARE

- a. Refers to care that focuses on comfort and quality by reducing physical, emotional, and spiritual suffering.

6. HOSPICE CARE

- a. Refers to care for the terminally ill with an expected survival of six months or less.

7. EMOTIONAL CARE

- a. For a person with dementia and family

8. SPIRITUAL CARE

- a. For a person with dementia and family

9. PHYSICAL CARE

- a. For a person with dementia and family

APPENDIX A

Contact Information:

For questions on submitting your curriculum for review, please email us at: qualitycare@alz.org

Optional Information About Your Curriculum

The Association realizes that some curricula may include information that is relevant to their intended audience that is not listed in the checklist. If you desire the Association to review this additional information for possible recognition, please detail the topic(s) covered and its relevance and attach any additional support material. If the Association feels such a review requires additional review fees, you will be contacted prior to the review of this additional contact.