8-11-2-25 Weekly Clinical Update

Based on some recent survey findings, it may be time to discuss what should be included in care plans related to dementia care and services. To start, regulation requires that care plans must be person-centered, comprehensive, individualized and timely…notice that "person-centered" requirement. Remember, the resident is the "locus of care", per CMS. So every dementia care plan will look different, and every dementia care plan will include the resident's and the representative's input and will include the resident's stated goals for help with any/all cognitive impairments.

A dementia care plan MUST begin with a commitment to person-centered care that recognizes each resident as a unique individual with his/her own history, preferences, needs, and cultural factors. The care plan must have the resident's own life story integrated by using personal histories to tailor plans and daily routines. The care plan must also provide resident choice and autonomy by offering options in meals, activities, and schedules. And it must include cultural and spiritual sensitivity by respecting the diversity of each resident's background and beliefs.

Just because a resident has dementia with possible memory loss does not mean that he/she has not memory of trauma, depression, losses or anxiety and all of those issues must be addressed in the resident's care plan.

Careful thought and planning integrating the entire Interdisciplinary Team headed up by the resident and representative should include stimulating, meaningful activities to the resident…not just the facility's activity calendar. It should include, as appropriate, music therapy, art therapy, reminiscence sessions, and sensory stimulation to keep the resident at his/her highest potential level of psychosocial wellbeing. The care plan should instruct staff on true hints and clues on how to promote independence through familiar tasks for each individual resident with dementia. The care plan may also include some vital environmental cues such as color-coded signage, memory boxes, and personalized room décor.

No dementia care plan would be complete without safety and risk mitigation since safety awareness, decision-making ability, and judgment may be impaired for some individual residents with dementia. The care plan should include fall prevention interventions based on individual fall-risk factors identified with fall-risk assessments. As, or more importantly, wander management should be included in the care plan based on elopement risk factors identified during elopement risk assessments. Also, hot liquid burn prevention should be included for a resident with dementia based on the Hot Liquid Safety Assessment.

Not to be forgotten is the provision of adequate and appropriate pain management. Since pain is the number one risk factor for dementia-related behaviors, appropriate and timely pain management is vital. For some residents with dementia, behavior outbursts are the only way a resident with dementia has to communicate pain. Staff need instruction on signs of pain, and appropriate non-pharmacological interventions in addition to physician-ordered pharmacological pain management strategies.

The same can be said for bowel and bladder management techniques including prompted toileting and care monitoring of bowel habits. Incontinence is a very undignified and embarrassing situation, especially for residents with dementia.

Family involvement and support is essential to provision of good dementia care. Inclusion of family members in the development and implementation of good dementia care is vital to the resident. Inclusion of education and support to family members should be added to the resident's care plan.

A resident with dementia has very complex needs that should be maintained in the resident's care plan. The care plan should provide the instruction manual to staff to provide a blend of compassion, a detailed structure of care and innovative care approaches to provide that resident with psychosocial wellbeing.