

Warning Signs and Caregiver Questions

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*I'm worried about being responsible for Mom. ...What should I watch for?
...What should I do if there's a problem?* - R.S from a conversation about her mother.

Of course, caregivers worry. There are dozens of things that can 'go wrong' in an elderly person and, frequently, many go wrong at the same time.

What should caregivers do if there is a problem? The answer is almost always the same: Discuss it with the leaders of your care team.

This section can help guide that discussion. It summarizes the warning signs for twenty of the most common problems faced by the elderly. It also outlines many of the physical, behavioral and/or treatment-related factors that may have caused, or contributed to, the problem.

Required Assessments in Nursing Homes

The "Warning Signs and Care Questions" in this section are based on the resident assessment protocols (RAPS) developed by the federal Centers for Medicare & Medicaid Services.ⁱ Long-term care facilities are *required* to use these protocols. Each RAP contains "triggers" (for example: blurry vision, involvement in few or no activities) which require further assessments. In this booklet, these triggers are called "warning signs," and the required assessments are called "care questions."

The Centers for Medicare and Medicaid Services have developed RAPS for eighteen problems of the elderly, such as dementia, activities of daily living and urinary incontinence. This booklet provides information regarding two additional problems: pain and stress management.

Assessments for Home Health Services

The warning signs and care questions in this section can also help home-health caregivers to identify problems and assure that complete assessments are being conducted.

Home health organizations are required to use the Outcome and Assessment Information Set (OASIS)ⁱⁱ to measure changes in a patient's health, but are not required to use RAPS. However, OASIS assesses almost all the same problems addressed in the RAPS.

Thus, the warning signs and care questions in this section, is use both in home health as well as long-term care settings.

Warning Signs and Care Questions for...

Stress, Moods and Behavior

- Behavioral Symptoms
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Physical Abilities and Problems

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- Falls (p 20)
- Malnutrition (p 21)
- Pain (p 22)

What to watch for and what to ask

It's almost impossible for a caregiver to know what to do every time something goes wrong (other than calling the doctor or care team leader - which is *always* a good idea if you are in doubt

As a caregiver, you may know more about the elder than anyone else on the care team. Thus, it is very appropriate for you to raise the "care questions" in this section - especially if you believe that one or more of these factors may be contributing to the problem.

Before you use the information in this section, please remember:

1. Always immediately contact a physician, nurse or other leader of your care team if you are concerned a symptom may be serious or life-threatening
2. **This guide is not designed for caregivers to "diagnose" a problem.** A diagnosis can only be made by a physician, or a trained professional who is supervised by a physician. Never discontinue a treatment or change how medications are given without specific directions from the care team leader.

Use this section as a reference, not a substitute for medical advice. The warning signs and care questions in this section only contain the signs and the contributing factors that can be easily observed by health aides, family members or other caregivers. **It does not include signs or questions that require access to, and understanding of, laboratory tests and other diagnostic clinical information.**

Thus, although "Warning Signs and Care Steps" can help caregivers to explore care options with the team leaders, **it should never be used as the *sole* basis for making a treatment decision.**

3. Write down the warning signs you've seen, the steps you've taken and the care questions you have . It will help you communicate them accurately to the care team, and also help to trace any changes over time.

Remember, sometimes when an elderly person displays symptoms in one part of his or her body, sometimes the "cause" is in another part of the body. Thus, it is important to explore all the possibilities you will find in the "care questions."

Behavioral Symptoms

Behavioral symptoms are distressing to caregivers, family members and other elders. Use of psychotropic (i.e., mood altering) drugs and/or restraints is common in dealing with behavioral symptoms. However, there is a wide range of treatment and management options that should be tried first.

Many elders with behavioral problems also have problems with mood, confusion or relationships.

<p style="text-align: center;">Warning Signs/ Triggers for Further Actions</p> <p style="text-align: center;">Whenever any of the following occur, ask each of the care questions.</p>	<p style="text-align: center;">Care Questions to Consider</p> <p style="text-align: center;">Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team.</p>
<ul style="list-style-type: none"> • Wandering • Verbally abusive • Physically abusive • Socially inappropriate (e.g., undressing in public; shouting or laughing for no apparent reason) 	<p style="text-align: center;"><i>Physical</i></p> <ul style="list-style-type: none"> • Could the problem be caused by an acute illness or infection – or the worsening of a chronic illness? • Could hearing, vision or communication problems be contributing to the behavior problem? <p style="text-align: center;"><i>Behavioral/Social/Environmental:</i></p> <ul style="list-style-type: none"> • Could any of the following be contributing to the problem: <ul style="list-style-type: none"> ○ Treatable mood problem or depression? ○ Relationship problems? ○ Family problems? ○ Noise, crowding or other environmental factor? <p style="text-align: center;"><i>Care Issues</i></p> <ul style="list-style-type: none"> • Could a problem relationship with a staff member be contributing to the behavior problem? • Should behavioral treatments and/or medications be started, stopped or modified? • Was the onset of change associated with a new medication? • Are staff members consistent in their approach? • Could other team members (e.g., social worker, activities director, PT) be helpful?
<p style="text-align: center;">Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Cognitive Loss and Dementia

Dementia is a deterioration of mental abilities that affects the activities of daily living. It affects 10 percent of people over age 70 and 20-40% of individuals over age 85. Memory is the most common ability that is lost, but attention, judgment, learning and other abilities may be affected. Dementia is a chronic condition that usually worsens, whereas delirium (page 35) is more likely to be a short-term problem.

Care plans should focus on three main goals: (1) to provide positive experiences for the elder that do not involve overly demanding tasks and stress; (2) to define appropriate support roles for caregivers; and (3) to encourage reasonable staff and family expectations concerning the elder's capacities and needs.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team
<ul style="list-style-type: none"> • Problems with recent memories • Problems with long-term memory • Impaired decision making • Problem understanding others • Failure to thrive (sometimes referred to as the "dwindles" a gradual decline in physical and/or cognitive function, usually accompanied by weight loss and social withdrawal 	<p style="text-align: center;"><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Has vitamin B₁₂ deficiency been explored as a cause of confusion or poor memory? • Have concurrent medical problems (e.g., CHF, COPD, constipation) that affect mental functioning been considered? • Could vision, hearing or communication problems be contributing to the problem? <p style="text-align: center;"><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Does the problem threaten the elder's safety, health, or daily activities? • Do problem behaviors pose a threat to others? • Is "failure to thrive" influenced by emotional, social or environmental factors? • What functional abilities (e.g., eating, grooming) are affected by the dementia? • Can the elder become more involved in personal care, daily responsibilities or daily decisions? • Has there been a recent loss or conflict? • Might alcohol abuse be a contributing factor? <p style="text-align: center;"><i>Care Factors</i></p> <ul style="list-style-type: none"> • How is the problem behavior influenced by: <ul style="list-style-type: none"> • Behavioral Treatment programs? • Physical restraints? • Psychotropic drugs? • Can activities be broken into subtasks? • Does the staff assist by providing support, reminders, and supervision?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Moods	
<p>About 15% of the population experiences a major depression at some point. Depression is twice as likely to occur in women, the elderly and patients with chronic illnesses. Among elderly patients, depression may be mistaken for dementia.</p> <p>Medications can effectively treat medications. Cognitive-behavioral therapy (which emphasizes the role of thinking in how we feel and what we do) and exercise also have demonstrated benefits. .</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Negative statements • Repetitive question • Repetitive verbalizations • Persistent anger with self or others • Being overly critical of self • Unrealistic fears • Repetitive health complaints or anxiety • Unpleasant mood in the morning • Insomnia or changes in sleep pattern • Sad, pained or worried facial expression • Crying, tearfulness • Repetitive physical movements, such as rocking • Withdrawal from activities of interest and/or activities of daily living • Reduced social interaction • Persistent sadness or mood problem for more than two weeks 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Are there new or intensified health problems that may affect mood? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Has mood recently declined or problem intensified? • Have there been recent: <ul style="list-style-type: none"> ○ losses of loved ones? ○ loss of functional abilities? ○ loss of autonomy? ○ relationship problems? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Has there been a recent change in medications? • Has the mood responded to treatment?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Stress	
<p>Stress affects everyone, regardless of age.</p> <p>Poorly managed stress can worsen behavioral problems, confusion and dementia. It can also affect the immune system, slowing down recovery from illness.</p> <p>Most people experience both the alarm and the snooze response when they are stressed.</p> <p>Social support (and for some people spiritual support) can be a good buffer against stress. The use of the “satisfaction skills” not only builds support, it can help resolve the problem that was causing stress.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the “Signs, Steps and Learning Log” and discuss with the health care team</p>
<ul style="list-style-type: none"> • Alarm response <ul style="list-style-type: none"> ○ Rapid heartbeat ○ Rapid breathing ○ Sweating or clamminess ○ Muscle tension • Snooze response <ul style="list-style-type: none"> ○ Slow breathing or sighing ○ Relaxed muscles, low energy 	<ul style="list-style-type: none"> • <i>Physical Factors</i> <ul style="list-style-type: none"> • Might the “snooze response” actually be a major clinical depression that is treatable? • Are there new health problems that may be contributing to stress? • <i>Behavioral/Social/Environmental Factors</i> <ul style="list-style-type: none"> • Have living arrangements changed recently? • Has there been a change in the amount of care needed, or decrease in independence? • Has there been a change or loss in any relationships? • Is there a good balance in the elder’s use of awareness, affirmations, assertiveness and acceptance? • <i>Care Factors</i> <ul style="list-style-type: none"> • If non-drug alternatives have failed, have psychoactive medications (e.g., tranquilizers) been considered? • Have resources (information, music, support, spiritual, medical) been considered and made available? • Does the elder exercise on a regular basis? • Has training in relaxation or focusing been considered? (See pages 18 & 21) • Has counseling been considered?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Delirium

Delirium is a state of confusion, disorientation, decreased awareness, and behavioral changes. It can develop quickly over a few days or hours and often varies in severity from one hour to the next. It may be mistaken for dementia.

Delirium is not a normal part of aging, and can be successfully treated. The most common causes of delirium are circulatory problems, respiratory problems, infections and metabolic disorders. It is often caused by multiple factors, all of which need to be identified and treated.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors In the "Signs, Steps and Learning Log" and discuss with the health care team
<ul style="list-style-type: none"> • Easily distracted • Altered perception or awareness of surroundings • Disorganized speaking • Restlessness or lethargy • Mental function varies over the course of the day • Deterioration in cognitive status, mood or behaviors 	<p style="text-align: center;"><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Might vision or hearing problems contribute to the delirium? • Does the elder have Alzheimer's or other dementia? • Might delirium be caused by circulatory problems, respiratory problems, infections and/or metabolic problems (such as low blood sugar or thyroid problems) <p style="text-align: center;"><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Has the elder been in bed or isolated while recuperating from an illness or receiving a treatment? • Has there been a recent loss of friend or family member? • If restraints have been used, did the elder become more agitated or confused? • Has the elder recently moved to a new room or facility? • Can the daily routine be broken into smaller segments to help the elder cope? <p style="text-align: center;"><i>Care Factors</i></p> <ul style="list-style-type: none"> • Are medications, either alone or in combination, causing the delirium? • Can the number of prescribed drugs be decreased to lessen the possibility of adverse drug reactions? • Did the signs of delirium begin when a new medication was prescribed?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Side Effects of Psychotropic Drugs

Psychotropic drugs, used to treat behavioral and emotional problems, can enhance the quality of life of elders. However, these drugs can produce undesirable side effects, and also aggravate signs and symptoms of existing conditions.

For example, psychotropic drugs can cause postural hypotension - a drop in blood pressure (hypotension) when a person moves to a more vertical position: from sitting to standing or from lying down to sitting or standing. This can result in dizziness, blackouts and dangerous falls

Severity of side effects is dependent on: the class and dosage of drug, interactions with other drugs, and the age, and health status of the elder.

Maximizing functional potential and well-being while minimizing the hazards associated with drug side effects are important goals of therapy.

<p style="text-align: center;">Warning Signs/ Triggers for Further Actions</p> <p style="text-align: center;">Whenever any of the following occur, ask each of the care questions.</p>	<p style="text-align: center;">Care Questions to Consider</p> <p style="text-align: center;">Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<p>If the elder is taking a psychotropic drug, be alert for the following side effects or problems:</p> <p style="text-align: center;"><i>Physical Impairments:</i></p> <ul style="list-style-type: none"> • Repetitive physical movements • Problems with balance • Hypotension (low blood pressure) • Dizziness • Unsteadiness while walking • Falls <p style="text-align: center;"><i>Cognitive Behavioral Impairments:</i></p> <ul style="list-style-type: none"> • Disordered or delirious thinking • Deterioration in communication, mood or behaviors • Depressions • Hallucinations 	<p>If any of the triggered conditions are present, review the following questions:</p> <p style="text-align: center;"><i>1. Have the following factors been considered?</i></p> <ul style="list-style-type: none"> • Length of time between when the drug was first taken and onset of problem? • Dose of drug and how frequently taken? • Number and types of psychotropics taken? • Reason the drugs were prescribed? <p style="text-align: center;"><i>2. Have conditions that might impair the metabolism or excretion of the drug been considered, such as:</i></p> <ul style="list-style-type: none"> • Liver or kidney problems? • Current, short-term illnesses? • Dehydration? <p style="text-align: center;"><i>3. Have other changes in behavior or mood been considered, such as:</i></p> <ul style="list-style-type: none"> • Recent changes in mood and behavior? • Psychiatric conditions?
<p style="text-align: center;">Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Activities	
<p>The goal of active aging is “continuing involvement in social, economic, spiritual, cultural and civic affairs, not just the ability to be physically active.”ⁱⁱⁱ Involvement in activities is important for elders whether they are in the community or in a long term care facility.</p> <p>Even when thinking is impaired, it is still possible to use old skills and learn new ones. Too often, illness causes a progressive decline, leading to further decreases in activity levels. This pattern can be broken by awareness of warning signs and careful consideration of the care questions.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the “Signs, Steps and Learning Log” and discuss with the health care team</p>
<ul style="list-style-type: none"> • Involvement in few or no activities • Complaints about daily routine • Requests change in daily routine 	<ul style="list-style-type: none"> • <i>Physical Factors</i> <ul style="list-style-type: none"> • Do cognitive or functional problems reduce involvement in activities? • Does illness inhibit participation? • Do communication, mood or behavior problems keep the elder from participating in activities? • <i>Behavioral/Social/Environmental Factors</i> <ul style="list-style-type: none"> • Have individual learning strengths (e.g., visual, auditory, musical, interpersonal) been considered? • Have wishes and prior interests been considered? • Have lower energy activities (e.g., reading, photography, discussions) been considered? • Has the elder been encouraged to use the satisfaction steps to improve relationship and manage stress? • Are appropriate resources available? <ul style="list-style-type: none"> ○ Intellectual (e.g., reading materials) ○ Social (e.g., telephone) ○ Emotional (e.g. counseling, support group) ○ Spiritual (e.g., music, books, chapel) ○ Physical (e.g., cane, wheelchair) • Has the elder been encouraged to use the satisfaction steps to improve relationships? • <i>Care Factors</i> <ul style="list-style-type: none"> • Does the treatment regimen allow little time or energy for participation in activities? • Do effects of medications limit involvement? • Has the elder been motivated to participate in activities?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Psychosocial Well-being	
<p>Well-being refers to feelings about self and social relationships. For some individuals, spiritual well-being may also be an issue.</p> <p>Psychosocial-well being can affect both emotional and physical health.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team.</p>
<ul style="list-style-type: none"> • Conflict with staff, family and/or friends • Withdrawal from activities of interest • Grief over lost status and roles • Current daily routine is very different from past pattern of activities 	<p><i>Physical Factors</i></p> <p>Do communication or visual problems exist? Are acute or chronic illnesses present?</p> <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Have key social relationships changed? • Is elder increasingly or persistently depressed? • Is there an increasing frequency of daily disturbing behaviors? • Has there been a change in living arrangements or dining arrangements? • Has the elder been encouraged to use the satisfaction skills (p 17-21, 36) to improve relationships and manage stress? • Are there spiritual concerns that could be explored? • Are appropriate resources being used? <ul style="list-style-type: none"> ○ Intellectual (e.g., reading materials) ○ Social (e.g., telephone) ○ Emotional (e.g., counseling, support group) ○ Spiritual (e.g., music, books, chapel) ○ Physical (e.g., cane, wheelchair) <p>Care Factors</p> <ul style="list-style-type: none"> • Have treatment programs been considered? • Does medication use limit involvement? . • Has the elder been motivated to participate in activities?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Activities of Daily Living	
<p>The mastery of daily tasks, such as grooming, dressing and eating, are crucial to human existence</p> <p>Depending on others for activities of daily living (ADL) can cause intense personal distress and diminished self-worth. As inactivity increases, complications such as pressure ulcers, falls, contractures and muscle wasting are likely to grow worse.</p>	
<p>Warning Signs/ Triggers for Further Actions</p> <p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Care Questions to Consider</p> <p>Record any possible causal factors In the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • If the elder cannot: <ul style="list-style-type: none"> ○ move independently in bed ○ get out of bed by self ○ walk independently ○ eat without assistance ○ use toilet independently ○ bathe independently • If elder believes he or she is capable of greater independence • If health care team believes the elder is capable of greater independence 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Is mobility or use of limbs severely impaired? • Is treatable delirium a possibility? • Are communication or vision problems a factor? • Do balance or range of motion problems exist? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Does the elder have ability to make decisions? • Is depression a problem? • Can tasks be broken into smaller elements? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Could ADLs be impaired by psychotropic drug use? • Could assistive devices help in eating, dressing etc.? • Can specific training or rehabilitation programs be created for any specific deficit (e.g., range of motion, grasping) or problem (e.g., dressing, eating)?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Use of Feeding Tubes	
<p>The only rationale for the use of feeding tubes is a demonstrated medical need to prevent malnutrition or dehydration. However, all possible alternatives should be explored prior to using such an approach for long-term feeding. Restoration to normal feeding should remain the goal throughout the treatment program.</p> <p>Potential problems include agitation, depression, mood disorders and removal of the tube by the patient. Other possible problems can be infections and aspirations.</p>	
<p>Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.</p>	<p>Care Questions to Consider Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<p>A feeding tube is being used or considered.</p>	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Does an eating, swallowing or chewing disorder exist, which may be treatable? • Is eating difficult because of a breathing problem (e.g., COPD) which may be treated? • Is eating difficult because of poorly fitting dentures? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Is failure to eat due to depression or other emotional/behavioral problem? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Is the patient being monitored for infections in the trachea (windpipe), the lungs or site where the tube enters the skin?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Use of Physical Restraints

Patients have the right to be free of any physical or chemical restraint imposed for purposes of convenience or discipline and not required to treat the resident's medical symptoms.

Before restraints are used, the care team must identify a specific medical symptom that requires the use of restraints. They must specify how the use of the restraint protects the resident's safety, and assist the patient in attaining or maintaining his or her highest practicable level of physical, emotional and social well-being.

<p style="text-align: center;">Warning Signs/ Triggers for Further Actions</p> <p style="text-align: center;">Whenever any of the following occur, ask each of the care questions.</p>	<p style="text-align: center;">Care Questions to Consider</p> <p style="text-align: center;">Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<p>"Physical restraints" include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily. Also included are practices such as :</p> <ul style="list-style-type: none"> • Using side rails that keep a resident from voluntarily getting out of bed; • Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted; • Using devices in conjunction with a chair, such as trays, tables, bars or belts, that the elder can not remove easily, and that prevent him or her from rising; • Placing a resident in a chair that prevents a resident from rising; and • Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed. 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • What was the original reason for restraint? • Have underlying physical, emotional and/or cognitive problems been addressed? <p><i>Behavioral/Environmental:</i></p> <ul style="list-style-type: none"> • What is the current psychosocial status? Are there any other behavioral treatments that can be considered? • Are meaningful activities being provided? • Could changes be made in the elders environment? <p><i>Care Strategies</i></p> <ul style="list-style-type: none"> • Can the attempt to get up be monitored with a device? • If the cause(s) cannot be eliminated or reduced, have alternatives been explored to avoid a decline in physical functioning associated with restraint use? • If alternatives have been tried and deemed unsuccessful, are the least restrictive restraints being used for the least amount of time? • Is care monitored and adjusted to reduce the potential for negative outcomes while continually trying to find and use less restrictive alternatives? • Did the elder or legal surrogate make an informed choice about the use of restraints? Were risks, benefits, and alternatives explained?
<p style="text-align: center;">Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Communication

Communication is essential in expressing emotions, listening and sharing information. Communication problems can be caused by physical, emotional and/or social factors.

Assessment should focus on discovering the underlying cause and tracking the success of remedial steps.

Touch, facial expression, eye contact, and tone of voice are all powerful means of communicating with elders, whether they are active and healthy or in an advanced stage of dementia.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team
<ul style="list-style-type: none"> • Hearing problem • Problem making self understood • Problem understanding others 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Is there a hearing, speaking or vision problem that makes it difficult to communicate? • Could Alzheimer's or other form of dementia be contributing to the communication problem? Could aphasia from a stroke or brain injury be impairing the ability to use or comprehend words? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Might depression or cognitive status be a contributing factor that could be corrected? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Are short, direct phrases being used to communicate? • Is the elder given enough time to respond? • Are medications (e.g., psychotropic, narcotics, Parkinson's meds) being used that could cause or complicate communication problems? • Has an evaluation been conducted by an audiologist or speech-language pathologist? • Are caregivers using the satisfaction steps to enhance their communication with elders?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Visual Function	
<p>Aging leads to a gradual decline in vision. The aged eye requires about 3-4 times more light in order to see well than the young eye.</p> <p>Vision loss can seriously affect physical safety, self-image and the ability to participate in social, self-care and rehabilitation activities. It is especially important to identify elders with:</p> <ul style="list-style-type: none"> • treatable conditions (e.g., glaucoma, diabetes, retinal hemorrhage) that put them at risk of permanent blindness and; • impaired vision, but whose quality of life could be improved through the use of appropriate visual devices 	
<p>Warning Signs/ Triggers for Further Actions</p> <p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Care Questions to Consider</p> <p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Side or peripheral vision problem • Cataracts • Glaucoma • Vision impairment • Eye pain, blurry vision, double vision, sudden loss of vision 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Does the elder have diabetes, cataracts, glaucoma or macular degeneration? • Could a central nervous system disorder (e.g., stroke, dementia) be responsible for the vision problem? • Could a transient ischemic attack (TIA) be responsible for a brief loss of vision? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Could depression or anxiety be contributing to the vision problem? • Are glasses being used improperly (e.g., reading glasses being worn while walking)? • Is the ability to recognize others limited by a visual problem? • Has the environment been adapted to meet needs (e.g., large print signs and reading materials, large numbers on telephones, high wattage bulbs for reading)? <p>Care Factors</p> <ul style="list-style-type: none"> • Has the elder been seen by a specialist? • Is the elder receiving eye medication as ordered? • Are there any side effects from this medication? • Would a cane help the elder to be more independent?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Urinary Incontinence/Catheter Use	
<p>Urinary incontinence is the inability to control urination in a socially appropriate manner. Incontinence may affect a elder's psychological well-being and social interactions. Urinary incontinence is curable in many, but not all, elders.</p> <p>Catheter use increases the risk of life-threatening infections. Catheters are uncomfortable and medications are often required to treat associated bladder spasms.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Incontinence two or more times a week • Use of an external, indwelling or intermittent catheter. 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Is the elder immobile? • Does the elder have: <ul style="list-style-type: none"> ○ Congestive heart failure? ○ Edema (swelling) of feet or ankles? ○ Recent stroke? ○ Diabetes? • Does the elder experience pain? • Is there excessive or inadequate urine output? • Have other conditions (e.g., bladder or prostate cancer) been ruled out? • Is the elder in end-stage Alzheimer's. <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Is the elder depressed? • Are there cognitive problems that might affect incontinence? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Are any of the following medications possibly contributing to the problem: <ul style="list-style-type: none"> ○ Diuretics? ○ Parkinson's ? ○ Psychoactive ? ○ Disopyramide? ○ Antispasmodics ○ Antihistamines? ○ Calcium channel blockers? • Any drugs affecting the sympathetic nervous system being used? • Has bladder training (e.g., prompting to use toilet at scheduled times) been initiated?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Dehydration

Dehydration is a condition in which water or fluid loss (output) far exceeds fluid intake. Water is necessary to distribute nutrients to cells throughout the brain and body, eliminate wastes, and regulate body temperature, as well as countless other complex processes. If dehydrated, the body is less able to maintain blood pressure, deliver oxygen and nutrients to the cells, and rid itself of wastes. Many distressing symptoms can originate from these conditions.

Elders can become dehydrated *without* feeling thirsty. Thus, the first sign of dehydration may be one of the problems noted below. Work with your health care team to determine if any of the following steps may be helpful in clarifying or treating the problem.

When dehydration occurs, treatment objectives focus on restoring fluids, preferably by drinking.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team
<ul style="list-style-type: none"> • Diagnosis of dehydration OR • Dizzy when sitting or standing • Confusion, agitation or problems with decision making • Communication difficulties • Difficulty moving or using hands • Constipation • Weight loss of 3+ pounds • Decreased dryness of skin and/or mucous membranes • Fever 	<p><i>Physical factors</i></p> <ul style="list-style-type: none"> • Are there any current infections? • Is there any internal bleeding? • Is there excessive urine output? <p><i>Behavioral or Environmental Factors:</i></p> <ul style="list-style-type: none"> • Does the elder not seem to notice when he or she is – or should be – thirsty? • Is a sad mood, grief, or depression causing the elder to refuse foods or liquids? • Are liquids not being consumed for other reasons <p><i>Care Steps to Review:</i></p> <ul style="list-style-type: none"> • Are laxatives, enemas, or diuretics being used? • Are fluids restricted because of diagnostic procedure or other health reasons?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Dental Care

Healthy teeth are important to good nutrition. Clean and attractive teeth also are important to self-image as well as personal appearance.

Elders at greatest risk for dental problems are those with multiple medical problems; those taking many medications; and those with communication problems or functional limitations in self-care. Also at risk are elders who have not developed good oral health habits. Residents with a history of alcohol and/or tobacco use have a greater risk of developing chronic dental problems.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors In the "Signs, Steps and Learning Log" and discuss with the health care team
<ul style="list-style-type: none"> • Food debris or plaque in mouth • Bad breath • Less than daily cleaning of teeth and/or dentures • Mouth pain • Loss of some or all natural teeth but dentures are not being used • Broken, loose or decayed teeth • Less than daily brushing and flossing • Inflamed gums, oral abscesses, swollen/bleeding gums, ulcers or rashes 	<p><i>Physical factors</i></p> <p>Does the elder have:</p> <ul style="list-style-type: none"> • Mouth pain or sensitivity? • Impaired vision? • Dry mouth? • Broken or loose teeth? • Physical handicaps in performing oral care? <p><i>Behavioral or Environmental Factors:</i></p> <p>Does the elder:</p> <ul style="list-style-type: none"> • Have impaired ability to understand? • Resist assistance with from caregiver for dental hygiene? • Have poor motivation or knowledge regarding dental hygiene? • Use alcohol or tobacco? <p><i>Care Steps to Review:</i></p> <p>Does the elder have:</p> <ul style="list-style-type: none"> • Dry mouth from medications? • Inconsistent or irregular care from dentist?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Pressure Ulcers/Bedsores

A pressure ulcer is an area of skin and tissue that becomes injured or broken down. Generally, pressure ulcers occur when a person is in a sitting or lying position for too long without moving. The constant pressure against the skin causes a decreased blood supply to that area. Subsequently, the skin can no longer survive and dies.

The most common places for pressure ulcers are over bones close to the skin), such as the elbow, heels, hips, ankles, shoulders, back, and the back of the head.

Do not massage the area of the ulcer, because massage can cause tissue damage under the skin.

<p>Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.</p>	<p>Care Questions to Consider Record any possible causal factors In the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Pressure Ulcer(s) Present • Stage I: A reddened area on the skin that when pressed does not turn white (i.e., "non-blanchable"). This indicates that a pressure ulcer is starting to develop. • Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. • Stage III: The skin breakdown now looks like a crater, where there is damage to the tissue below the skin. • Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes tendons and joints 	<p><i>Physical factors</i></p> <ul style="list-style-type: none"> • Does the elder have: <ul style="list-style-type: none"> • Difficulty moving in bed? • Bowel or bladder incontinence, causing more moisture on skin? • Peripheral vascular disease and/or edema (excess fluid or swelling) in arms or legs? • Skin that is not sensitive to pain or pressure due to diabetes or other problems? • Is the elder bedfast or bed bound? <p><i>Behavioral or Environmental Factors:</i> Be aware that:</p> <ul style="list-style-type: none"> • Poor nutrition can increase the risks of developing and/or healing pressure ulcer • Daily restraints in chair or bed which restrict mobility • Dementia or cognitive problems can lead to immobility <p><i>Care steps to review</i></p> <ul style="list-style-type: none"> • Does the use of antidepressants or anti-anxiety drugs contribute to lessened mobility, worsened incontinence and/or increased confusion?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

Falls	
<p>Falls are experienced by about 30% of the elderly in the community, and as many as 40% of nursing home residents each year. Falls are more likely as people age.</p> <p>Cognitive, cardiovascular, and neuromuscular problems can contribute to falls. Sometimes a fall is the first warning of a more serious problem.</p> <p>Falling is preventable, and is not inevitable or untreatable.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Any fall In the past 30–180 days • Wandering • Dizziness • Use of psychotropic drugs to modify behavior • Use of tranquilizers or antihistamines • Use of antidepressant drugs • Use of prescription or over-the-counter drugs for insomnia 	<p><i>Physical Factors</i></p> <p>Does the elder have:</p> <ul style="list-style-type: none"> • Cardiovascular, neuromuscular, or orthopedic problems? • Perceptual problems? <p>Did fainting cause the fall?</p> <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Does the elder have psychiatric or cognitive problems? <p>Do environmental hazards exist, such as:</p> <ul style="list-style-type: none"> • Poor illumination or glare • Slippery or uneven floors • Patterned carpets • Objects in walking paths <p><i>Care or Treatment Factors</i></p> <ul style="list-style-type: none"> • Is the elder receiving a psychotropic, cardiovascular or a diuretic medication? • Could falls be prevented through the use of appliances or devices, such as: <ul style="list-style-type: none"> ○ Pacemaker? ○ Walker or cane? ○ Appropriate footwear? • Does elder receive preventive services such as: <ul style="list-style-type: none"> ○ Balance and gait training? ○ Environmental safety assessment?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Malnutrition	
<p>Malnutrition can arise from many causes. It may signal the worsening of a life-threatening illness. The prevention and early detection of malnutrition are important goals.</p> <p>Oral feeding is always preferred over tube feeding.</p>	
Warning Signs/ Triggers for Further Actions	Care Questions to Consider
<p>Whenever any of the following occur, ask each of the care questions.</p>	<p>Record any possible causal factors in the "Signs, Steps and Learning Log" and discuss with the health care team</p>
<ul style="list-style-type: none"> • Weight loss • Complaints about the taste of food • Leaves 25% or more of food uneaten at most meals • Parenteral or IV feeding • Mechanically altered diet • Oral feeding with syringe • Therapeutic diet 	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Does the elder have losses from diarrhea or an ostomy? • Does the elder have possible medical causes such as <ul style="list-style-type: none"> ○ Cancer? ○ Parkinson's, GI problems or other illnesses? ○ Dental problems? ○ Chronic COPD or shortness of breath? ○ Constipation, intestinal obstruction or pain? ○ Inability to communicate? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Does the elder have: <ul style="list-style-type: none"> ○ Reduced ability to feed self? ○ Chewing problems? ○ Swallowing problems? ○ Delirium? • Are meals served in a pleasant, calm environment? <p>Care Factors</p> <ul style="list-style-type: none"> • Has the elder been receiving chemotherapy or radiation? • Has the elder been instructed in ways of eating that could avoid or lessen mouth pain or other difficulties with chewing or eating? • Have adaptive feeding devices been provided after proper instruction?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems</p>	

Pain

Pain receptors and pathways differ throughout the body. Thus, the skin – where pain receptors are plentiful – transmits precise pain information. However, pain signals from the intestine are limited and not specific.

Pain can be “referred” to another area. Thus, pain from a heart attack can be felt in the arms, and pain from a gallbladder attack may be felt in the shoulder.

Chronic diseases such as cancer and arthritis can cause pain.

Drugs can almost always control pain. However, “focusing” on something other than pain can be very helpful, as is support from others.

Although pain may signal a heart attack, as indicated below, be aware that many heart attacks start slowly with no or little pain. Heart attack symptoms may also include a cold sweat, nausea or lightheadedness.

Warning Signs/ Triggers for Further Actions Whenever any of the following occur, ask each of the care questions.	Care Questions to Consider Record any possible causal factors In the “Signs, Steps and Learning Log” and discuss with the health care team
<ul style="list-style-type: none"> • Arthritis pain • Neuropathic (nerve) pain – a deep ache, burning sensation -or sensitivity to touch • Pain after surgery – usually worsens when person moves, coughs, laughs, breathes deeply or when dressing is changed • Cancer pain from tumor or radiation • Back pain • Acute Pain from injury, surgery or other problem • Any one of the following may be a signs of a heart attack* <ul style="list-style-type: none"> -Chest discomfort, pressures, squeezing or pain -Pain or discomfort in one or both arms, the back, neck, jaw or stomach. - Pain lasting more than 20 minutes, especially if perspiring <p>* Remember, heart attacks may start slowly with little or no pain. Contact a physician immediately if you suspect a heart attack is taking place</p>	<p><i>Physical Factors</i></p> <ul style="list-style-type: none"> • Might the pain be a symptom of a heart attack? • Does the elder have cancer, arthritis or some other condition that is producing pain? <p><i>Behavioral/Social/Environmental Factors</i></p> <ul style="list-style-type: none"> • Is there no identifiable physical cause for pain, or is it out of proportion to what is normally experienced? • Has the elder attempted to relax? • Has the elder attempted to focus attention elsewhere (e.g., reading, TV, music, conversations) • For arthritis pain, have strengthening or range of motion exercises been considered? <p><i>Care Factors</i></p> <ul style="list-style-type: none"> • Have appropriate analgesics, opioids or other medications been prescribed? • Is the patient being “under treated” for fear of addiction to narcotics? • Have appropriate resources (e.g., social, spiritual or counseling support; relaxation tapes) been made available? • Have other nondrug treatments been considered such as hot and cold compresses; chiropractic care for back pain?
<p>Remember: Always discuss warning signs, triggers and possible care steps with team leader. Use the satisfaction skills (awareness, affirmations, assertiveness, acceptance) to discuss problems.</p>	

ⁱ Centers for Medicare and Medicaid Services. *Resident Assessment Instrument for Long Term Care Facilities (Appendix P)* Retrieved January 10, 2002 from the World Wide Web:
<http://www.hcfa.gov/pubforms/07%5Fsom/somap%5Fr%5F001%5Fto%5F028.htm>

ⁱⁱ Centers for Medicare and Medicaid Services. (2002) *Outcome-based Quality Improvement: Implementation Manual* Washington, DC: Department of Health and Human Services

ⁱⁱⁱ World Health Organization. (2002) Health and Aging: A Discussion Paper Geneva, Switzerland: World Health Organization

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