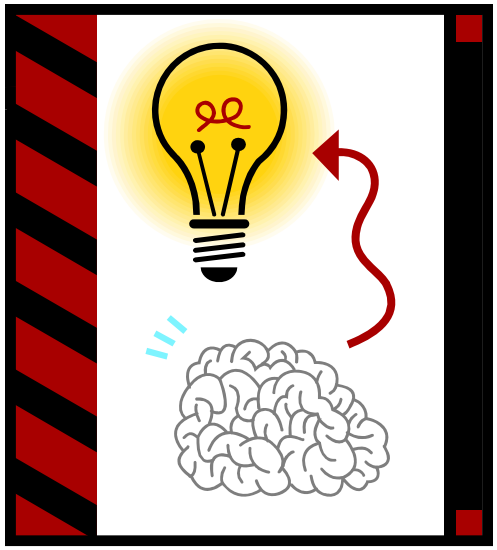

Dementia Assessment and Management

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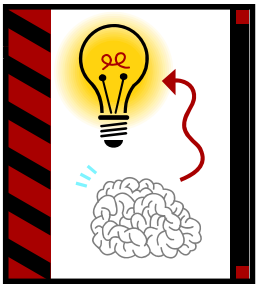

Dementia Assessment and Management

Our best practice actually began last year, as we struggled, along with other nursing facilities, to start the mandated reduction of antipsychotic drug use for dementia related behavior. As with any change, we initially evaluated how many long term residents had dementia. We determined that around 85% of our residents had a diagnosis of some form of dementia. As we set up a plan for antipsychotic drug reduction, it was determined that we had to also needed to update our behavior management techniques and procedures to meet the increased number of residents with dementia and behaviors. Secondary to the high percentage of residents with dementia, our quality measure for "behaviors affecting others" was also over 75%.

We utilized a QAPI/PDSA plan to work with this problem. An action team was developed, which included both direct care staff and leadership from activity, nursing, RAI and social service departments. Also included on the team were members of each skilled therapy discipline, a member of the facility's administration, and the medical director. We also added our consultant pharmacist and nurse practitioner as ad hoc members of the team.

Our identified target group was each resident with a dementia diagnosis. The team's focus was to set up an individualized plan for each of these residents' behaviors. Initially we developed an assessment process. Each dementia resident, from admission, would have a speech therapy evaluation to identify at what stage of dementia the resident was currently functioning. The Global Deterioration Scale (GDS) was utilized to identify the level of dementia progression. GDS is a nationally recognized assessment scale for identifying clinical characteristics of primary degenerative dementia. We identified five stages of dementia, from mild cognitive impairment to end stage dementia. To make it easier for staff to readily identify which stage the resident was currently functioning, primary color designations were assigned for each of these five stages. A designated color sticker was applied to the resident's care plan, assignment and care guide to communicate to CNAs and other disciplines what stage of dementia the resident was functioning at. We also posted on each unit some written guidance on identifying what each color represents .Staff from all disciplines were provided in-service instruction on the GDS scale, the color code designations, and what clinical characteristics and cognitive function were displayed for each stage of dementia.

GREEN indicates the resident has early stage dementia. These residents need cues and prompts, but are still generally able to function easily with others. Behaviors may occur due to increased anxiety or frustration at their own perceived cognitive deficits. Duplicate personal items (i.e. wallets, purses, glasses, etc.) may be effective in helping calm the resident when the person accuses others of stealing. Structured activities and tasks that the person can perform without reading may also be useful.

BLUE indicates the resident has middle stage dementia. These residents are generally still high functioning in mobility, toileting and eating skills, but have disorientation and memory recall difficulties. Cognitive issues may lead to anxiety and behaviors. Resistance to care, combativeness,

elopement, rummaging, hoarding, and refusals are common. Meaningful activities or "jobs" that the resident can perform successfully and safely may manage some of these behaviors. Exercise and safe places to walk are provided. Redirection and validation are helpful for disorientation.

YELLOW indicates the resident has late stage dementia. These residents may recall their own name, but not much other information. Personality and emotional changes occur, including delusions, paranoia, obsession, and sometimes violent behavior. Walking and exercise, therapeutic touch, music, pleasurable stimulation, redirection and validation may help with behaviors.

ORANGE indicates the resident has end stage dementia. These residents have now lost basic psychomotor skills. Generalized and cortical neurological signs are frequently present. The resident may no longer be able to communicate verbally. Crying, moaning, and yelling occur sometimes with these residents. They respond to sensory stimulation (touch, music, massage).

Based upon the resident's dementia level, social activities were planned. These were initiated by skilled therapy services and then incorporated into the facility's activity program. The activity program was completely restructured. Smaller group programs were planned for residents functioning at lower cognitive level than some of the larger group activities. Each day, activity staff had assignments for 1:1 and small group activities on the unit for each color group. In addition, due the increased behaviors occurring late in the afternoon (sun downing), activity times were scheduled 1PM – 4PM. Examples of activities for blue and green groups (early and middle stages) included: special cooking, arts and crafts, exercises, games, and pampering time. Examples of activities for yellow and orange groups (late and end stages) included: music, the 5 sense stimulation, and pampering time. Some exercise activities were also incorporated into restorative care, to include the dementia residents. These were initiated and set up into a functional maintenance plan (FMP) by occupational and physical therapies.

Activity "busy boxes" with items designed for use with each color/stage were put together for use by staff for 1:1 activity time. Some individualized busy boxes were placed in the resident's room for use by staff when 1:1 redirection is required for behavior. In addition, storage drawers were placed on each unit with posted examples of activities to follow with each color/stage. This enables staff to have items available on the hall for the staff to use with diversional activities for dementia residents. All staff was provided in-service instruction on how to utilize the busy boxes.

Social Services and Activities assess each resident from admission, to identify the resident's past social history and interests. An activity plan is set up for the resident, incorporating these past interests. Individual "memory books" are sometimes put together for the resident. These books contain pictures of familiar items for the resident to see or textured items for the resident to feel. The book is individualized to the resident's interests and can be flipped through by the resident or the staff. These are utilized to help redirect the resident.

If you visit our facility, you may see Mrs. T, who worked in the sewing department at Walmart for many years. She continues to work for the Activity Department at Athens Rehab and Senior Care. Mrs. T has her own employee ID badge and wears the facility uniform shirt. She is given tasks to complete for activities, such as helping pass out newspapers, mail or other items. She also assists the staff at group activities. She loves to talk about sewing and home life. Mrs. T has been assessed at blue level of dementia.

Mr. C is a resident at Athens Rehab and Senior Care. He suffered a stroke a few years ago and has dysphasia. Mr. C has functional deficits which require him to walk assisted by a merrymaker. He has been assessed at blue level of dementia. Mr. C worked as a carpenter before retiring. He enjoys

“working” and fixing things. His busy box is a toolbox containing simple work tools (i.e. hammer, level, ruler, etc.). He also has a side pouch attached to his merrymaker, so that he carries his tools with him. Mr. C is frequently measuring and leveling out the nurse station, the walls, or other items.

Each discipline sets up the care plan, goals and interventions based upon that resident’s dementia level and their functional level. As the resident’s condition changes, the dementia level is reassessed by speech therapy. As we do the quarterly care plan review/MDS the resident is referred to therapy to assess their dementia stage and set up a functional maintenance plan (FMP) for that resident. It is a continual circle of assessment, planning, action, and evaluation with our dementia residents.

We have had some difficulties in establishing this program, which we are still working on. Staff has required repeated instruction and follow up regarding the use of behavioral techniques VS drug use to manage inappropriate behaviors. Activity staff work hours had to be changed to incorporate later afternoon activities and weekend activities. Administration support has been effective. Additional activity staff and nursing staff were hired and trained to accommodate the additional duties.

The progress with this program has been great for our residents and has been well worth our attempts. The late afternoon activities have drastically helped ease the “sun downing” seen with many early and middle stage (green and blue) dementia residents. The families have also been on board and have been grateful for the assistance and guidance provided by the staff. Family members have assisted with the memory books and obtaining personal interest items for the busy boxes and for individualized activities. Quality measures for antipsychotic drug use and for behaviors affecting others are being monitored each month as benchmarks for improvement.

The Global Deterioration Scale for Assessment of Primary Degenerative Dementia

Level	Clinical Characteristics
1 No cognitive decline	**No subjective complaints of memory deficit. No memory deficit evident on clinical interview.**
2 Very mild cognitive decline (Forgetfulness)	**Subjective complaints of memory deficit**, most frequently in the following areas: (a) forgetting placement of familiar objects; (b) forgetting names one formerly knew well. **No objective evidence of memory deficit** on clinical interview. No objective deficits in employment of social situations. Appropriate concern with respect to symptomatology.
3 Mild Cognitive Impairment Developmental Age- Teens- 20's ACL 5	**Earliest clear-cut deficits. Deficit manifest in more than one of the following areas**: (a) **getting lost** when traveling to an unfamiliar location; (b) co-workers aware of **relatively poor performance**; (c) **word and name finding deficit** evident to intimates; (d) **reading** a passage or a book **and retain relatively little** material; (e) **decreased facility in remembering names** upon introduction to new people; (f) **lost or misplaced** an object of value; (g) **concentration deficit** may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. **Denial begins to become manifest** in patient. **Mild to moderate anxiety** accompanies symptoms.
4 Early Stage Dementia Developmental Age- 4-10/12 year old ACL 4	**Clear-cut deficit on careful clinical interview. Deficit manifest in following areas**: (a) **decreased knowledge of current and recent events**; (b) may exhibit some **deficit in memory of one's personal history**; (c) **concentration deficit** elicited on serial subtractions; (d) **decreased ability to travel, handle finances, etc.** Frequently **no deficit in following areas**: (a) orientation to time and person; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. **Inability to perform complex tasks. Denial is dominant** defense mechanism. **Flattening of affect and withdrawal** from challenging situations occur.
5 Middle Stage Dementia Developmental Age – 18 months to 3 year old ACL 3	**Patient can no longer survive without some assistance. Unable during interview to recall a major relevant aspect** of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. **Frequently some disorientation to time** (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage **retain knowledge of many major facts** regarding themselves and others. They invariably know their own names and generally know their spouses' and children's names. They require **no assistance with toileting and eating**, but may have some difficulty choosing the proper clothing to wear.
6 Late Stage Dementia Developmental Age– 1 year to 18 months ACL 2	**May occasionally forget the name of the spouse** upon whom they are entirely dependent for survival. **Largely unaware of all recent events and experiences** in their lives. Retain some knowledge of their past lives but this is very sketchy. **Generally unaware of their surroundings**, year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require **some assistance with ADLs**, e.g., may become incontinent, will require travel assistance but occasionally will display ability to familiar locations. **Diurnal rhythm frequently disturbed. Almost always recalls own name**. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. **Personality and emotional changes occur**. These are quire variable and **include: (a) delusional** behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) **obsessive symptoms**, e.g., person may continually repeat simple cleaning activities; (c) **anxiety symptoms**, agitation, and even previously nonexistent violent behavior may occur; (d) **cognitive abulla**, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of actions.
7 End Stage Dementia Developmental Age– Infant ACL 1	**All verbal abilities are lost**. Frequently there is no speech at all – only grunting. **Incontinent of urine**, requires assistance toileting and feeding. **Lose basic psychomotor skills**, e.g., ability to walk. The brain appears to no longer be able to tell the body what to do. **Generalized and cortical neurological signs and symptoms** are frequently present.

Reisberg, B., Ferris, S.H., Leon, M.J. & Crook, T. The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*, 1982, 139:1136-1139.

The Global Deterioration Scale for Assessment of Primary Degenerative Dementia

The Global Deterioration Scale (GDS), developed by Dr. Barry Reisberg, provides caregivers an overview of the stages of cognitive function for those suffering from a primary degenerative dementia such as Alzheimer's disease. It is broken down into 7 different stages. Stages 1-3 are the pre-dementia stages. Stages 4-7 are the dementia stages. Biginning in stage 5, an individual can no longer survive without assistance. Within the GDS, each stage is numbered (1-7), given a short title (i.e., Forgetfulness, Early Confusional, etc. followed by a brief listing of the characteristics for that stage. Caregivers can get a rough idea of where an individual is at in the disease process by observing that individual's behavioral characteristics and comparing them to the GDS. For more specific assessments, use the accompanying Brief Cognitive Rating Scale (BCRS) and the Functional Assessment Staging (FAST) measures.

Level	Clinical Characteristics
1 **No cognitive decline**	No subjective complaints of memory deficit. No memory deficit evident on clinical interview.
2 Very mild cognitive decline **(Age Associated Memory Impairment)**	Subjective complaints of memory deficit, most frequently in following areas: (a) forgetting where one has placed familiar objects; (b) forgetting names one formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern with respect to symptomatology.
3 Mild cognitive decline **(Mild Cognitive Impairment)**	Earliest clear-cut deficits. Manifestations in more than one of the following areas: (a) patient may have gotten lost when traveling to an unfamiliar location; (b) co-workers become aware of patient's relatively poor performance; (c) word and name finding deficit becomes evident to intimates; (d) patient may read a passage or a book and retain relatively little material; (e) patient may demonstrate decreased facility in remembering names upon introduction to new people; (f) patient may have lost or misplaced an object of value; (g) concentration deficit may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.
4 Moderate cognitive decline **(Mild Dementia)**	Clear-cut deficit on careful clinical interview. Deficit manifest in following areas: (a) decreased knowledge of current and recent events; (b) may exhibit some deficit in memory of ones personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in following areas: (a) orientation to time and place; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations frequently occur.

5 Moderately severe cognitive decline **(Moderate Dementia)**	Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouses' and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.
6 Severe cognitive decline **(Moderately Severe Dementia)**	May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously nonexistent violent behavior may occur; (d) cognitive abulla, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.
7 Very severe cognitive decline **(Severe Dementia)**	All verbal abilities are lost over the course of this stage. Frequently there is no speech at all -only unintelligible utterances and rare emergence of seemingly forgotten words and phrases. Incontinent of urine, requires assistance toileting and feeding. Basic psychomotor skills, e.g., ability to walk, are lost with the progression of this stage. The brain appears to no longer be able to tell the body what to do. Generalized rigidity and developmental neurologic reflexes are frequently present.

Reisberg, B., Ferris, S.H., de Leon, M.J., and Crook, T. The global deterioration scale for assessment of primary degenerative dementia. American Journal of Psychiatry, 1982, 139: 1136-1139.

ACL	GDS	Color Designation
1	7	Orange
2	6	Yellow
3	5	Blue
4	4	Green

ACTIVITY GRID

EARLY STAGE DEMENTIA Level 4	MIDDLE STAGE DEMENTIA Level 5	LATE STAGE DEMENTIAL Level 6	END STAGE DEMENTIAL Level 7
RESIDENTS	RESIDENTS	RESIDENTS	RESIDENTS

Dementia Program
Activities Color Code*

*For use with Activities Planning book

Activity	Green	Blue	Yellow	Orange	Can be Adapted to Sensory Stim Program by Therapist
Arts & Crafts	√	√			√
Board/Table Games	√	√			√
Cooking/Baking/Barbecuing	√	√			√
Current Events	√	√			√
Dancing	√	√	√		√
ADL: Dressing and Bathing	√	√	√		√
General Exercise	√	√	√		
Exercise: Walking group	√	√	√		
ADL: Eating & Drinking/Dining	√	√	√		√
Fix/Repair Household Items	√	√			√
Gambling	√	√			√
Gardening	√	√			√
ADL: Grooming & Nail Care	√	√			√
Ironing	√	√	√		√
Laundry	√	√			√
Light Housekeeping	√	√	√		√
Music: Listening	√	√	√	√	√
Music: Playing an instrument	√	√	√		√
Music: Sing-a-longs, Choirs	√	√	√	√	√
Parties - Attending	√	√	√		√
Parties - Planning & Hosting	√	√			√
Puzzles	√	√			
Reading	√	√			√
Religious and Spiritual	√	√	√		√
Sewing/Crochet/Knitting/Needlework	√	√			√
Shopping	√	√			√
Spending time with Children	√	√	√		√
Spending time with Pets	√	√	√		√
Sports: Active Participation Group	√	√	√		√
Sports: Watching/Listening	√	√			√
Traveling	√	√	√		√
Trivia	√	√			
Visiting and Reminiscing	√	√			√
Watching TV/Movies	√	√			√
Writing	√	√			
Yardwork	√	√	√		√
√ = Appropriate for the activity					

Restore Clinical Services

Dementia Kit Ideas for Activities

Famous People Kit
Items to include:

- Photos of movie stars
- Movie Ads (old and new)
- Ticket stubs
- Newspaper/magazine articles

Card Player Kit
Items to include:

- Decks of cards
- Dice
- Rules to games
- Books on card playing

Faith Kit
Items to include:

- Hymn book
- Tapes of spiritual music
- Prayer books
- Bibles
- Pictures of sacred figures
- Inspirational verses
- Rosaries

Music Kit
Items to include;

- Sheets of music
- Audio tapes
- Instruments
- Radio
- 8-tracks/cassettes/CDs
- Old record player

Baseball Kit
Items to include:

- Baseball
- Batting glove
- Baseball mitt
- A base
- Baseball trading cards
- Minature baseball bat
- Pictures of different playing fields
- Baseball videos/movies
- Trophies
- Replicas of baseball figures

Dementia Kit Ideas for Activities

Baby kit
Items to include:

- Baby doll or pictures of babies
- Bottle and pacifier
- Baby blanket and diapers
- Tape of lullaby music
- Baby powder

Cleaning Kit
Items to include;

- Broom
- Dust pan
- Feather duster
- Paper towels
- Apron
- Spray bottle
- Sponges

Kitchen Kit
Items to include:

- Placemats
- Rolling pin
- Plastic utensils
- Cloth napkins
- Tablecloth
- Cookbooks (old and new)
- Cutting board
- Spices

Laundry Kit
Items to include:

- Laundry basket
- Socks
- Colored dish towels
- Empty bottle of soap
- Dryer sheets
- Clothing
- Sheets
- Soap

Sorting Kit
Items to include:

- Playing cards (2 sets)
- Socks (matching sets)
- Holiday cards
- Plastic colored utensils (3 colors)
- Empty container for sorting

Dementia Kit Ideas for Activities

Office Kit
Items to include:

- File folders
- Envelopes
- Papers to stuff
- Stamp and ink pad
- Phonebook
- Labels
- Accounting forms

Reading Kit
Items to include:

- Poems
- Books
- Bookmarkers
- Library cards
- Reading glasses
- Newspapers (old and new)

Gardening Kit
Items to include:

- Watering can
- Bird feeder
- Gardening tools
- Packs of seeds
- Plastic pots
- Gardening gloves
- Pictures of gardens
- Silk flowers

Football Kit
Items to include:

- Football
- Team banners
- Football trading cards
- Pictures of different football stadiums
- Trophies
- Table football and goal
- Score cards
- Football keychain kits

Activities for ORANGE

End Stage Dementia – Level 7

Suggested Activities

1. Hang a mobile for visual stimulation.
2. Look at photos from magazines that relate to their likes/past.
3. Read to resident. Choose topics interesting to them.
4. Provide hand held objects of different colors, textures, etc.
5. Heated water bottles wrapped in fleece.
6. Provide stuffed animals for sensory stimulation.
7. Use "See & Feel Books" to stimulate visual and tactile senses.
8. Use scented candles.
9. Aroma therapy, provide different smells, fruits, herbs, etc.
10. Invite children to sing songs; ensure residents attend those activities or have the children visit rooms.
11. Participate in pet therapy.
12. Get dressed up to take to church activities.
13. Planned TV activity such as I Love Lucy, westerns, musicals, etc.
14. Talk to resident in calm, soothing voice about daily events.
15. Make eye contact with smiles.
16. Use sound machines to stimulate auditory senses.
17. Weighted blanket for soothing or use a warm blanket.
18. Swaddling with blanket to soothe the resident.
19. Have finger food snacks.
20. Brush resident hair.
21. Provide baby doll.
22. Provide colored balloons for visual stimulation.
23. Gently rock in back and forth motion.
24. Provide manicures, rub lotion on hands/arms.
25. Massage with scented lotions.
26. Hold resident's hands or gently stroke face for tactile stimulation.
27. Provide hand held objects of different colors, textures, etc.
28. Sing-a-longs.
29. Provide scheduled time for sitting outside.
30. Provide time for listening to music.
31. Listen to audio books or favorite music through headsets or earphones.
32. Go for a ride in Geri Chair or wheelchair to see the sky or hear the birds.

Activities for YELLOW

Late Stage Dementia – Level 6

Suggested Activities

Creative Activities

1. Provide picture books – identify colors, animals, family members.
2. Tactile therapy – fur, fabrics, textures.
3. Painting activities
4. Coloring.
5. Playdough activities.
6. Memory books – Important people/events to elicit conversation.
7. Beading – necklaces, bracelets.
8. Make ornaments.
9. Gardening.
10. Shape sorter.
11. Sand art.
12. Building blocks.
13. Stacking boxes or blocks.

Group Activities

1. Listening to music/sing-a-longs with clapping and stomping.
2. Dance.
3. Men's/women's Coffee Clubs.
4. Blowing bubbles.
5. Pet therapy.

Intellect Activities

1. Month/holiday quiz
2. Birthday quizzes.
3. Read books, poems, etc. to them.
4. Separate papers by colors.

Occupational Activities

1. Folding (napkins, aprons, diapers, children's clothing, towels, pillow cases).
2. Provide finger foods for snacks.
3. Shell peas, roll dough, make cookies.
4. Dusting, matching socks, ties, safe tools, straighten drawers, exchange purses.

Activities for YELLOW

Late Stage Dementia – Level 6

Physical Activities

1. Exercise using dance, walking, etc.
2. Massages
3. Sweeping floors.
4. Balloon toss.
5. Ball toss.
6. Shake maracas.
7. Ringing bells.
8. Bean bag toss.
9. Walk to dine.

Recreational Activities

1. Looking at the fish tank.
2. Sling shot contest using soft items/targets.

Activities for BLUE

Middle Stage Dementia – Level 5

Intellect Activities

1. "What's That Sound?" game.
2. Object Identification Boxes – baby stuff, men stuff, cooking stuff, gardening stuff.
3. "Tic Tac Toe" game.
4. Fill in the blank games.

Occupational Activities

1. Getting their clothing items.
2. Folding laundry – towels, pillow cases, etc.
3. Roll yarn.
4. Shell peas.

Physical Activities

1. Play ball.
2. Dancing.
3. Sweeping.
4. Wash windows.
5. Gardening.
6. Bean bag toss.
7. Bowling.
8. Play volleyball.
9. Ball toss.

Recreational Activities

1. Cookie decorating.
2. Ride a tricycle.
3. Fishing.
4. Sing-a-long.
5. Musical instruments – cymbals, drums, etc.
6. I Spy game – identifying objects.
7. Treasure Bowl – sensory (taste, smell, feel).
8. Cooking (mixing/stirring simple things).

Volunteer Activities

1. Hall monitor volunteer.
2. Greeting / welcoming visitors.
3. Cooking – personal pizzas, cookies, muffins.

Activities for BLUE

Middle Stage Dementia – Level 5

Suggested Activities

Creative Activities

1. Playdough activities.
2. Photo albums/picture books.
3. Rhyme time.
4. Shaving cream activities.
5. Lincoln logs.
6. Glue and paste activities.
7. Make bird feeder.
8. Finger painting.
9. Dressing "paper doll".
10. Shape sorter.
11. Dressing baby doll.
12. Puzzles.
13. Crafts.
14. Reminiscencing (long term places/things).
15. Coloring (color by number).
16. Stacking boxes or blocks.

Group Activities

1. Walking group
2. "Simon Says" game.
3. Exercise program
4. Musical program.
5. Pet therapy.
6. Blowing bubbles.
7. Tea Party.
8. "Mother May I" game.
9. "Hokey Pokey" game.
10. Circuit classes with music – musical chairs.
11. Identifying objects by touch with eyes closed.
12. Stringing items – cheerios, beads, etc.
13. "Father Abraham" game.

Activities for GREEN

Early Stage Dementia – Level 4

Creative Activities

1. Create jewelry; necklaces, bracelets.
2. Make Christmas ornaments.
3. Coloring.
4. Painting.
5. Make cards for grandchildren.
6. Make wreaths for doors.
7. Decorate activity boards.
8. Sewing – hoop and loop.
9. Create own memory book.
10. Seasonal decorating.
11. Organize library books.
12. Make birdfeeder.

Group Activities

1. Walking group through neighborhood or facility.
2. Dancing group.
3. Reading a story to a group.
4. Planning/directing small groups.
5. Planning a party.
6. Playing bingo or assisting others playing bingo.

Intellect Activities

1. Trivia games.
2. Reading.
3. Spelling bees.
4. Puzzles.
5. Identify states and capitals (discuss who has traveled or lived other places).
6. Remember great inventions.
7. "Name that Tune" game.

Volunteer Activities

1. Deliver birthday balloons.
2. Snapping green beans and shucking corn.
3. Tours with new residents after admit.
4. Makeovers on other residents.
5. Deliver mail.
6. Write thank you notes

Activities for GREEN

Early Stage Dementia – Level 4

Occupational Activities

1. Set up dining room.
2. Washing dishes.
3. Making up beds.
4. Folding laundry.
5. Make peanut butter sandwiches.
6. Shell peas.
7. Coupon cutting.
8. Housekeeping.
9. Walk and dine.
10. Sort coupons / recipes.
11. Simple filing.
12. Crack pecans.

Physical Activities

1. Wii sports.
2. Obstacle course game
3. Cleaning tables.
4. Dance or Tai Chi Class.
5. Walking inside or out.
6. Play horseshoes.
7. Indoor golfing game.

Recreational Activities

1. Play board games or card games.
2. Scavenger hunts.
3. Cooking.
4. Shopping trips.
5. Watch evening news or read morning newspaper.
6. Outings – movies, mall.
7. Fishing.
8. Gardening/watering plants.

APPROACHES TO BEHAVIORAL SYMPTOMS BY COGNITIVE LEVEL

Level/Stage of Dementia	Common Behavioral Symptoms	Suggested Approaches
ACL 1/End Stage GDS 7	Crying Moaning Yelling	-Therapeutic touch -Quiet environment -Swaddling -Ensure hierarchy of needs is met -Soothing music or sounds -Sensory stimulation program that promotes pleasurable responses
ACL 2/Late Stage GDS 6	Resistance to care Hitting, pinching Grabbing	-Therapeutic touch -Quiet environment -Ensure hierarchy of needs is met -Soothing music or sounds -Sensory stimulation program that promotes pleasurable responses -Walking groups/exercise groups -Re-direction -Validate feelings -Waiting for a response -Allow time for person to respond to postural changes during ADLs/transfers -Use grab bars & railings to provide feelings of safety, i.e.., postural stability -Provide safe objects for person to hold

APPROACHES TO BEHAVIORAL SYMPTOMS BY COGNITIVE LEVEL

ACL 3/Middle Stage GDS 5	Resistance to care Combative behaviors Elopement Rummaging, hoarding Refusals	-Therapeutic touch -Remove distractions -Ensure hierarchy of needs is met -Soothing music or sounds -Walking groups/exercise groups -Re-direction -Validate feelings -Use familiar products during ADL care -Safe places to walk with uncluttered paths -Cabinets or closets with safe items the person can rummage through or take -Use one-step-at-a time directions -Use nouns and avoid pronouns -Provide meaningful activity or "jobs" the person can perform successfully
ACL 4/Early Stage GDS 4	Elopement Accidents Blaming others	-Ensure needs are met -Anticipate hazards/problems and put plans and systems in place to keep person safe -Validate feelings -Re-direction -Structured activity groups with purposeful tasks -Easy facility "jobs" the person can perform that require little to no reading -Keep duplicates of valued items the person accuses others of stealing, i.e.., purses, wallets, glasses, etc.