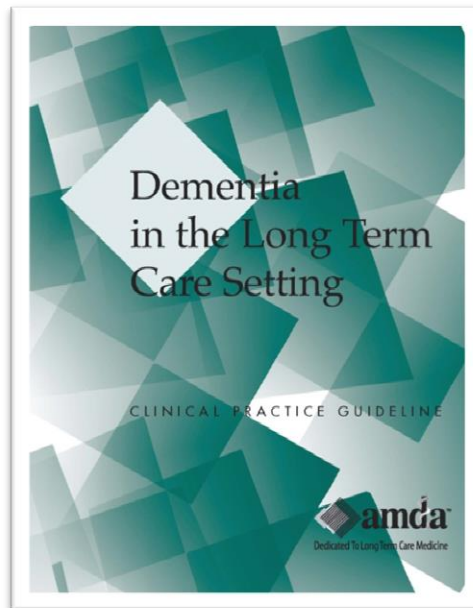


# Dementia in the Long-Term Care Setting Clinical Practice Guideline



## Continuing Professional Education Self-Study Course

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND

Edited by Becky Dorner, RDN, LD, FAND



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## **Acknowledgements**

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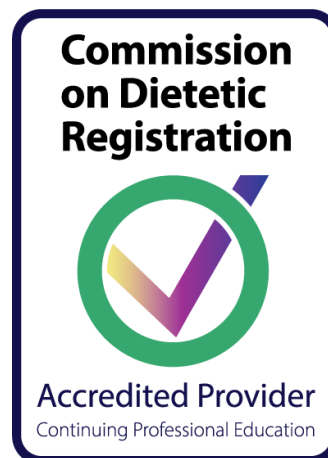
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## Professional Approvals

For details on professional approvals for this course, please check the product description on our website. You may also wish to visit this page: [beckydorner.com/continuing-education/professional-approvals/](http://beckydorner.com/continuing-education/professional-approvals/).

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We maintain records of course completions for a period of 7 years.



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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

## Dementia in the Long-Term Care Setting Clinical Practice Guideline - CPE Self-Study Course

<b>Course Expiration Date</b> <small>Must be completed prior to this date</small>	<b>Continuing Education Hours</b>	<b>CDR Level</b>
<b>June 11, 2020</b>	<b>2</b>	<b>II</b>

### **Course Description**

The *Dementia in the Long-Term Care Setting* Clinical practice guideline offers practitioners and care providers in LTC facilities a systematic approach to the recognition, assessment, treatment, and monitoring of patients with dementia.

Dementia is a syndrome characterized by progressive decline in multiple areas of cognitive function, which eventually produces significant deficits in self-care and social, occupational, and functional performance. Many residents of long term care (LTC) facilities and other residential settings have some degree of dementia. Nutrition assessment can help identify potential interventions for dementia patients that can help maintain or improve quality of life.

### **Course Learning Objectives**

After completion of this continuing education program, the learner should be able to:

1. Understand how to optimize quality of life for dementia patients.
2. Recognize ethical issues related to end of life nutrition care in dementia patients.
3. Promote caregiver education with regard to the natural progression of dementia.

### **Suggested CDR Learning Needs Codes**

- 5040 Long-term care, intermediate, assisted living
- 5100 Elderly
- 5300 Neurological stroke, Alzheimer's dementia, Parkinson's, spinal cord injuries
- 5430 End of Life Care

**Additional CDR Learning Needs Codes that may apply:** 1050, 3100, 5410

### **Suggested CDR Performance Indicators**

- 8.1.2 Applies knowledge of food and nutrition as well as the biological, physical and social sciences in practice.
- 8.1.5 Applies medical nutrition therapy in disease prevention and management.
- 10.2.5 Develops nutrition prescription to communicate required food and nutrient needs.

**Additional CDR Performance Indicators that may apply:** 10.2.9

**Note:** Numerous Other Learning Needs Codes and Performance Indicators May Apply.

# Dementia in the Long-Term Care Setting Clinical Practice Guideline - CPE Self-Study Course

## Continuing Professional Education Self-Assessment Test and Answer Key

Mr. Andrews is an 87-year old man recently admitted to a dementia unit of a skilled nursing facility who has a diagnosis of Alzheimer's dementia. Upon admission he was diagnosed with severe dementia. His physical health is generally good, although has type 2 diabetes. His medications include Metformin, Colace, Namenda, Buspirone, Ginko Biloba, a multivitamin, and Anova. Mr. Andrews is 72 inches tall, weighs 146, and has a BMI of 19.8 on admission.

1. Which of the following statements is true?
  - a. The facility staff does not need to obtain Mr. Andrew's food preferences because he has dementia.
  - b. Mr. Andrews can't make choices at the buffet in the dining room because of his dementia.
  - c. Mr. Andrews may be able to make choices about food even despite his dementia.
  - d. Mr. Andrew's wife should provide food preferences.
  
2. Which one of Mr. Andrew's medications might cause changes in appetite and/or GI symptoms?
  - a. Aricept
  - b. Buspirone
  - c. Memantine
  - d. Metformin
  
3. Mr. Andrew's wife prefers that her husband not receive desserts on his meal trays because of his diabetes. His intake is often poor and he has begun losing weight. Which of the following statements is true about Mr. Andrew's diet?
  - a. A LCS diet can help prevent the progression of Mr. Andrew's Alzheimer's disease.
  - b. The benefits of changing Mr. Andrew's diet to regular probably outweigh the risks.
  - c. A LCS diet is necessary to help control Mr. Andrew's blood sugars.
  - d. The risks of changing Mr. Andrew's diet to regular probably outweigh the benefits.
  
4. Mrs. Andrews has asked whether tube feeding might help her husband's health improve. Which statement best describes the use of tube feeding for patients with dementia?

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- a. It is up to the doctor to decide if artificial nutrition and hydration is indicated.
  - b. A patient who is not eating will obtain long term benefit from artificial nutrition and hydration.
  - c. Artificial nutrition does not prolong life or improve quality of life in dementia patients.
  - d. Treatments for dementia, including artificial nutrition and hydration, have few risk or complications.
5. Mr. Andrews has begun to refuse to take some of his medicines. To reduce his pill burden, you could request that his \_\_\_\_\_ be discontinued, because its benefits for those with Alzheimer's disease are unclear.
- a. Metformin
  - b. Ginko biloba
  - c. Buspirone
  - d. Namenda
6. One way to change the environment to maximize quality of life for Mr. Andrews might be to:
- a. Provide a more homelike atmosphere
  - b. Limit his socialization with others
  - c. Limit daily activities to prevent distraction
  - d. Keep lighting dim to prevent distraction
7. Mr. Andrews has routine lab tests scheduled and his wife is wondering if he should have additional tests to identify nutrient deficiencies that might contribute to his increasing confusion. Which of the following has been associated with cognitive impairment?
- a. Low calcium and low vitamin D levels
  - b. Low calcium and elevated vitamin D levels
  - c. Low B12 and low homocysteine levels
  - d. Low B12 and elevated homocysteine levels
8. Both Mr. and Mrs. Andrews participate in the facility interdisciplinary care plan meetings. As Mr. Andrew's dementia becomes more severe, the care plan should
- a. Define treatment goals that the IDT thinks are appropriate
  - b. Exclude measurable objectives because of his advanced dementia
  - c. Set goals that are consistent with the MD's plan of care
  - d. Allow modifications as his condition changes

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9. Mr. Andrews has begun to exhibit some functional deficits at mealtime. One way to help him maintain his independence might be
- a. Assigning a staff person to feed him each meal
  - b. Ordering specialized utensils to help with eating
  - c. Ordering tube feeding to supplement his meal intake
  - d. Change his dining location so he has fewer distractions at meals
10. Massage and touch therapy may help Mr. Andrews manage agitated behavior and normalize nutritional intake.
- a. True
  - b. False