Communication with Cognitively Impaired Clients For CNAs

This course has been awarded one (1.0) contact hour.
This course expires on August 31, 2017.

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Purpose and Objectives
The purpose of this course is to improve communication between CNAs and patients with cognitive impairment.

After successful completion of this course, you will be able to:
1. Identify patients who have cognitive impairment.
2. List some common causes of cognitive impairment.
3. Explain why communication challenges need to be overcome.
4. Describe how patients react to having cognitive impairment.
5. List ways to overcome communication challenges with these patients.
6. Recognize body language that shows patients are in pain.
7. Know the warning signs of stroke.
8. Describe caregiver burn-out.

Introduction
As a CNA you frequently care for people who have difficulty thinking. Most often these are elderly people. It is normal for the elderly to slow down in their thought processes. It is normal for them to have trouble remembering new things and recent events. If you work in a nursing home, almost half of the residents there may struggle with cognitive impairment (Epps, 2001).

Many people with cognitive impairment have Alzheimer’s disease. This is an incurable condition. It involves more than the usual loss of memory. Not all people with cognitive impairment have Alzheimer’s though. Some have thinking problems because of other causes of dementia. Some have thinking problems that are only temporary.

True or False?
All people with slow thinking and poor memory have Alzheimer’s disease.
False!
There are many reasons for these problems. Alzheimer’s disease is only one of the causes.

What is Cognitive Impairment?
Memory problems are only one part of this. Other problems are:
• Trouble expressing oneself: Not finding the right words to say something.
• Trouble with being in new places: Not knowing where one is.
• Trouble making decisions: Confusion and inability to use logic.
• Trouble focusing for long: Losing a train of thought easily.
(Alzheimer’s Association, 2005)

You should know that cognitive impairment is not the same thing as loss of intelligence. People with cognitive impairment may be very intelligent but can’t get their brain to work well enough to use that intelligence. In reaction, they feel panic, anger, and grief. You may find these people extremely frustrated and anxious. They may not be able to carry on with their usual daily activity. As a result, they often break down emotionally. They become depressed. They may show aggressive psychotic behavior. Sometimes they become withdrawn, immobile, or severely agitated. You may find them wandering around the hall or out of the building. They may pace back and forth and do things over and over. Their usual patterns of sleep and eating get disturbed. Eventually they may become
incontinent and unable to feed or dress themselves (National Institute of Health, 1997; Merck & Company, 2005).

**True or False?**
People with cognitive impairment often have emotional and behavioral problems.

**True!**
These people have difficulty applying their intelligence. This makes them anxious and very frustrated.

**What Causes Cognitive Impairment**
There are many causes. Some that are irreversible include:
- Alzheimer’s disease.
- Strokes.
- Multi-infarct dementia.
- Brain tumors.
- Traumatic brain injuries.
- Parkinson’s disease.
- Infections such as AIDS.

Some of the causes that can be reversed are:
- Depression.
- Sensory deprivation.
- Too much sensory stimulation.
- Psychotic disorders.
- Alcoholism or drug toxicity.
- Side effects of medicine.
- Nutritional and fluid deficiencies.
- Concussions.
- Urinary tract infections.
- Other infections.
- Heavy metal or other kinds of poisoning.
- High or low blood sugar.
- Adrenal gland disorders.
- Kidney or liver failure.

**True or False?**
Cognitive impairment is a fixed condition.

**False!**
Some cases of cognitive impairment are permanent and some cases can be reversed.
What to Keep in Mind When Talking to Cognitively Impaired Patients

Your patient’s cognitive condition will change. Those who have Alzheimer’s disease for example, will get worse over time. They usually do not survive more than an average of seven years (Merck & Company, 2005). Those who are depressed will improve with the right medication. Those who fall and hit their heads may not recover for a few months. Those who are having difficulty from medications will usually improve when the medication is discontinued or changed.

Your efforts to communicate with the cognitively impaired are crucial. This is because:

- They cannot get many of their needs met without expressing themselves. Patients who are in pain and cannot tell you about it will continue to suffer in pain (Epps, 2001).
- They need to understand some information in order to exercise their basic constitutional rights.
- They may not cooperate with your care unless they know what you are doing.
- They often need to let you calm them down.

True or False?

It is best to talk as little as possible with the cognitively impaired patient since they do not understand anything well.

False! Communication may be difficult but it is very important for meeting these patients’ needs.

Communication Tips

Your communication skills can always be improved for the benefit of all patients. Caring for cognitively impaired patients requires these specific strategies (Lippincott, Williams & Wilkins, 2004):

- **Be sure you have the patient’s full attention.**
  Can the patient hear you? (Is the noise level in the room too high? Does the patient need a hearing aid? Are you speaking in a low-pitch voice?)
  Can the patient see you? (Is the light adequate? Are you facing the patient and using eye contact? Does the patient need eyeglasses?)
  Does the patient know you are there? (You may have to touch the patient.)
  Is the patient too distracted by cold, hunger, fatigue or pain? (Another time might be better. If the patient is grimacing, shivering, rocking, or clenching the jaws, report this immediately for a nursing assessment.)

- **Always start any interaction by orienting your patient.**
  Never assume anything about what the patient remembers. Introduce yourself and others. Tell the patient what you want at the moment. Nametags, clocks, calendars, and pictures are useful to point to when explaining yourself.

- **Give the patient many opportunities to talk about important things.**
  You will probably figure out the best time for successful talks with your patients. It may be when they are more rested or calmer. Speak slowly. Use simple words. Don’t talk on more than one topic at a time. Ask questions that have yes or no answers. If you are telling a patient to do something, break it down into steps. Write it down. Repeat it. Come back later and repeat it again.
Keep the patient moving and in a routine.
Your patient will do best in familiar surroundings. Expect that it will take time to get used to changes.
Room and roommate changes are particularly difficult. Daly exercise, music, and group activities are helpful for these patients. They provide events that are predictable and pleasurable.

True or False?
Short discussions are better than long talks when you are giving care to a cognitively impaired patient.

True!
These patients have slow thinking and cannot take in too much information at once.

Special Situations
Older people you care for may have mini or major strokes. These create or worsen cognitive impairment (National Institute on Aging, 2004). How will you know this is happening? If the stroke is major there will be other warning signs such as paralysis or loss of consciousness. If the stroke is minor it may not be noticeable. The damage may not show up until the patient tries to walk, speak, or do something. It is important for you to note any changes, and report and document them.

True or False?
Thinking ability that suddenly becomes worse may be a sign of stroke.

True!
Report any changes, including changes in behavior, speech or action. Cognitive impairment can deteriorate further with mini strokes or a series of strokes.

Special Situations
Many people with cognitive impairment have family members come to visit them in a long-term care facility. One or some of these people may have been the patient’s caregiver before admission. They may still be recovering from care-taker burn-out. Family meetings in the nursing home may bring up old emotional issues that upset your patient.

True or False?
Do not allow visitors in who may upset your patient.

False!
People with cognitive impairment often have emotional issues with family members and past caretakers. Monitor patients for signs of increasing pain and agitation.

Conclusion
Communicating with cognitively impaired patients is a challenging part of your job. Your patience and flexibility is often stretched. Now you know what these patients are going through. You also know how best to help them.

References
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