

**Dementia Risk Plan**

**Participant’s Name:**

**Date plan Begins:**

**Date Plan Expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of symptoms of dementia.

**Desired Outcome:**       will exercise, socialize with peers, and engage in academic activities in order to maintain social, cognitive, fine, and gross motor skills. Staff will respond as trained if symptoms of dementia are exhibited.

**Why at risk/History:**

**Dementia** is a term used to describe the deterioration of cognitive functioning, such as memory, language, and judgment. Dementia is a collective term used to describe various symptoms of cognitive decline, such as forgetfulness, confusion, etc. It is a symptom of several underlying diseases and brain disorders.

**Dementia is roughly split into four stages:**

* **Mild cognitive impairment:** This stage is characterized by general forgetfulness. This affects many people as they age but it only progresses to dementia for some.
* **Mild dementia:** People with mild dementia will experience cognitive impairments that occasionally impact their daily life. Symptoms may include memory loss, confusion, personality changes, getting lost, and difficulty in planning and carrying out tasks.
* **Moderate dementia:** Daily life becomes more challenging, and the individual may need more help. Symptoms are similar to mild dementia but increased in severity. Individuals may need help getting dressed and combing their hair. They may also show significant changes in personality; for instance, becoming suspicious or agitated for no reason. There are also likely to be sleep disturbances.
* **Severe dementia:** At this stage, symptoms will have worsened considerably. There may be a loss of ability to communicate and the individual might need full-time care. Simple tasks, such as sitting and holding one's head up become impossible. Bladder control may be lost.

**Supports and interventions:**

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* Staff will encourage      , as needed, to engage in academic and social activities, such as, art, puzzles, conversations with peers, and memory games in order to maintain cognitive abilities.
* Staff will encourage      , as needed, to engage in fine and gross motor exercises/games in order to maintain physical abilities.
* Staff will assist      , as needed, with confusion, forgetfulness, or difficulty completing a task, such as, zipping/buttoning coat, personal care, etc.
* Staff will redirect      , as needed, for agitation or frustration.
* **Staff will track       via      . Verbal communication only is not acceptable.**

**Monitor:**

* **Recent memory loss** - a sign of this might be asking the same question repeatedly
* **Difficulty completing familiar tasks** - for example, making a drink or cooking a meal
* **Problems communicating** - difficulty with language; forgetting simple words or using the wrong ones
* **Disorientation** - for example, getting lost on a previously familiar street
* **Problems with abstract thinking** - for instance, dealing with money
* **Misplacing things** - forgetting the location of everyday items such as keys, or wallets
* **Mood changes** - sudden and unexplained changes in outlook or disposition
* **Personality changes** - perhaps becoming irritable, suspicious, or fearful
* **Loss of initiative** - showing less interest in starting something or going somewhere
* As the patient ages, late-stage dementia symptoms tend to worsen

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of dementia, changes in condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of dementia, change of conditions, or concerns.
* Staff will document on incident report by end of shift.

 **If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Dementia** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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