A practice guide

Diana Kerr
Colm Cunningham

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Thank you: HammondCare's Dementia Centre is committed to providing excellence in dementia care. Older and younger Australians living with dementia deserve services that are designed and delivered based on evidence and practice-based knowledge of what works. This is achieved through providing research, training and education, publications and information, consultancy and conferences. Thank you to everyone who supported the publication of this new edition of *Night-time care: A practice guide.*

Feedback: The authors and publishers welcome feedback on this book and the topic of night-time care in older people and people with dementia. Please contact us at publishing@hammond.com.au

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1

Older people: not 'them and us'

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01 Older people: not 'them and us'

Before looking at the night-time care of older people it is important to first think about the people themselves. If we are lucky we will all grow old. If we are really lucky we will all have a good old age. We will maintain our physical and mental abilities sufficiently to remain at home, living independent and active lives. This, I guess, is what you would wish for yourself and for those you love. Realistically this is not always possible. Many people will, as they grow older, experience increased physical and mental frailty. These will be the people that you care for.

Because staff will, with very few exceptions, be younger than the people they care for there is always a danger that the residents are seen as 'different' in many more ways than just age. The language used to describe older people is often very revealing of the perceptions that younger people have.

Exercise 1.1

Write a list of all terms that you hear people use to describe older people.

The chances are that most of the things you wrote were negative in some way. Words and phrases such as the following are often used:

- a burden on society
- a population time bomb
- wrinklies
- old codger
- senile
- past it
- old dears

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Seeing older people as if they are past 'it' (whatever 'it' is), and as a burden on society leads to older people being viewed in a negative and stereotypical way. These views, whether intentional or not, impact the way older people are treated and cared for. This may lead the non-old to provide less well for the old, to treat them as less than others and so discriminate against them. This is what we mean by 'ageism'. It too often pervades our societies and our organisations and influences the way in which care for older people is provided.

Why do we think that being old means we will not mind sitting in a lounge with strangers all day, with a TV playing programs we have never liked, being expected to eat when it suits others and have continence pads changed by complete strangers? At which age will you move from finding this prospect abhorrent to finding it acceptable?

Exercise 1.2

Answer the following questions:

1. How old do you feel?
2. How old do you look?
3. How old do you behave?
4. How old do you want to be?
5. How old do other people think you are?
6. How old are you?

The likelihood is that you gave more than one age, perhaps even six different ages for the six different questions. When completing this exercise you were making judgements about what it means to be different ages and yet you will look, feel and behave differently, at different times. This is of course normal and natural. Yet we expect old people to look, feel and behave uniformly 'old'.

Older people are you in years to come! They have a mixed bag of feelings, behaviours and expectations. They are individuals just like you. The problem is that when people come into group care there is a danger that they become treated as a group and their individuality is diminished or even lost.

In working through this guide it is essential that every aspect of night-time care is geared towards providing individualised, holistic and person-centred care. Age will be a component but it does not define the person any more than your age defines you, whichever one it was in the list above you felt represented you most.

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Understanding dementia

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02 Understanding dementia

The majority of people in care homes have dementia. It is essential therefore, that all staff have a good understanding of the condition, its affect on the person with dementia and the implications for staff practices.

Exercise 2.1

Write below what you know about dementia. Describe what it is and how it affects people.

Read pp. 44-47 of *Providing Good Care at Night* (as explained in the 'Introduction')

Did your description match the definitions and points made? Points you might have made should include:

- There are many different types of dementia, the most common are Alzheimer's disease, vascular dementia and dementia with Lewy bodies.
- Each person will experience the condition differently, depending on the type of dementia, their health, their personality, their history and their coping mechanisms.
- People will have good and bad days and will also fluctuate throughout the day.
- Dementia is a terminal condition.

The fact that no two people will experience the condition in the same way is a very important one. Consider the following exercise:

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Exercise 2.2

Think of two people you care for at night who have dementia.

Describe behaviours they each have that seem to be related to the dementia:

Person 1	Person 2

Describe how they differ from one another:

Person 1	Person 2

Describe any variations you have noticed from one night to another:

Person 1	Person 2

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Understanding delirium

03 Understanding delirium

CASE STUDY

Peter, has a diagnosis of dementia. He has been living in a care home for a year. Staff find him a charming man who, while often confused, manages to maintain happy and lengthy conversations throughout the day. He talks a great deal about his wartime experiences, many of which involve tales of bravery and danger.

Over the last few weeks his behaviour has changed. This is more pronounced during the night when he has started to 'wander', often shouting that he wants 'backup'. He claims that 'they are advancing and will be here any minute'. He has also become incontinent of urine; again this is worse at night. Throughout the day he refuses to eat and drink all that is given to him. His food and drink are often found hidden under his bed, in drawers or in his pockets.

It would be easy to attribute Peter's behaviour to the progress of his dementia. This would be a terrible mistake. Peter has delirium.

Delirium is often confused with dementia because the person exhibits many signs that are like those seen in people with dementia. Delirium is under-recognised in 32-66 per cent of cases (Inouye 1998). This is especially true among people aged over 80 years old, with hypoactive delirium, visual impairment, and/or pre-existing dementia (Inouye 2001). This under-diagnosis can occur in many different settings including long term care homes (Voyer et al 2008).

What is delirium?

Delirium (sometimes called an Acute confusional state) is a sudden change over a short period, it may occur over hours or days. It can also last for a matter of hours or many weeks. Often, it's a matter of weeks for older people.

Delirium is a change in a person's ability to think clearly. Confusion fluctuates throughout the course of the day and can often be worse at night, affecting sleep patterns. A person with delirium may be disorientated and unaware of where they are, the time of day, or even what year it is. Delirium may also cause the person to see or hear things that are not real, resulting in disturbing hallucinations. They will often ramble when talking and jump from subject to subject and may also be more sleepy or agitated than usual.

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Who is more likely to get delirium?

People:

- aged over 80 years
- with sensory impairment
- who have had it before
- with dementia
- who are constipated
- who are dehydrated
- taking lots of different medications
- who already have an infection or serious illness (e.g. cancer)
- who are susceptible to falling.

What can cause delirium?

There are many different causes, including:

- cognitive impairment—a person who already has dementia is five times more likely to develop delirium than a person without dementia
- urinary tract infections
- chest infections/pneumonia
- infected pressure sores
- hearing or visual impairment
- constipation
- dehydration
- malnutrition/lack of right vitamins and minerals
- pain
- using many different medications
- broken bones
- falls
- withdrawal from alcohol or even prescribed drugs if taken off too quickly.

The onset of delirium is a sign that something is physically wrong. You need to find out what it is and make sure that the person is treated for the condition.

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Supporting people to sleep well

04 Supporting people to sleep well

Night staff have many tasks and responsibilities. Perhaps the most significant is the need to help the people they support to have a good night's sleep. This is easier said than done. For a variety of reasons people in care homes are vulnerable to poor sleep.

Exercise 4.1

Answer the following questions:

Questions	True or False
1. Up to 50 per cent of people complain of sleep problems	
2. Shift work affects people's sleep more as they get older	
3. Older people can sleep through more noise than younger people	
4. The reason older people sleep in the day is because they don't sleep well at night	
5. Older people tend to sleep better in care homes than in the community	
6. Sedating medication taken during the day will help people sleep at night	
7. Most people with dementia living in nursing homes get one minute of bright light a day	
8. A research study found that in nursing homes there were 15-20 episodes of loud noise per night	
9. A research study found that in nursing homes there were five light changes per night	
10. Low exposure to daily sunlight can cause sleep disturbance	

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Read pp. 57-63

After you have read these pages check your answers above and change any that you got wrong.

You will have noted that light and noise are significant contributors to people's sleep disturbance. It is not always obvious, however, where the light and noise comes from. They may be from outside the home.

CASE STUDY

Mr Murray had been living in his care home for two years. He was described as a 'good sleeper'. He usually slept through the night, or if he did wake would soon go back off to sleep again. The local council implemented a new street lighting program and this involved putting more lights along the street outside Mr Murray's bedroom. Mr Murray started to wake regularly and more importantly he started to get up in a state of agitation saying that he needed his breakfast quickly or he would miss the bus to work.

The cause of this changed behaviour was the placement of a streetlight directly outside Mr Murray's room. The light shone through his curtains and not only woke him but also gave him a message that it was daylight and he needed to get up for work.

Obviously nothing could be done to move the light. The use of 'blackout' curtains, however, did the trick.

You can see here that the light was not something the staff had control over. Similarly noise from outside traffic may be a contributor to disturbance. This may not be a problem during the cold months of the year but in the summer when bedroom windows may be opened, the sound of traffic, especially heavy traffic during the night, may prove to be disturbing.

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