

# Curbside Consultation

*Peer to peer consultations facilitated by dementia care experts*



Alberta Health  
Services

Seniors Health  
Strategic Clinical Network

## Resistance to Night Time Care

### Case study

A 90 year old male has dementia, Parkinson's, depression, arthritis and hypertension, history of stroke, poorly healed fractures of both legs and spinal fusion.

He requires assistance with all care and is independently mobile in a wheelchair. He is pleasant during the day. At night he sleeps well; he becomes aggressive with staff with night time incontinence care and repositioning. He has skin breakdown on his coccyx and heel areas.

### Attempted strategies

- A trial on antipsychotics and his sedation was not effective so was discontinued.
- In the interest of person-centered care, staff respected his refusal to be changed at night and left him to sleep; he developed skin breakdown on his coccyx and both heels.
- To manage skin breakdown, a Roho mattress was put on his bed. Due to his incontinence, the mattress was damaged and is no longer useable.
- Different incontinence products have been trialed; he removes them all in his sleep.
- They are using a foam mattress; his wounds are making progress.

### What would the care team ask that the participants focus on?

- Strategies that may have worked at your site to provide care for a resident who resists care

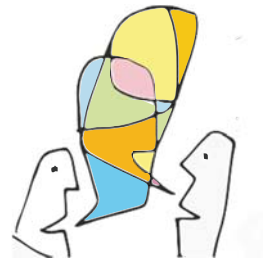
# Resistance to Night Time Care ...



## Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Acetaminophen 1 gm po QID	Analgesic used to treat mild to moderate acute and chronic pain	Dizziness, ringing in the ears. Bitter taste when crushed. This dose exceeds the recommended maximum of 3g/24hrs	
Ibuprofen 400 mg po BID	Nonsteroidal anti-inflammatory used to treat pain associated with inflammation	Headache, fatigue, dizziness, drowsiness, nausea, diarrhea, joint pain	
Pramipexole 0.25 mg po TID	Used to treat Parkinson's disease	Hypotension, confusion, hallucinations, sleepiness, nausea	yes
Levodopa CR 250 mg po BID	Used to treat Parkinson's & Parkinson's-like symptoms	Dizziness, lightheadedness, nausea, vomiting, loss of appetite, trouble sleeping, unusual dreams, headaches, confusion, mood changes	yes
Tamsulosin HCL 0.4mg daily	Alpha-blocker to relax muscles in prostate and bladder neck to treat difficulty voiding with enlarged prostate	Dizziness, drowsiness, weakness, back pain, headaches, runny nose, sinus congestion, cough, hoarseness, painful urination	
Calcium 500 mg po daily	Essential for bones, teeth, heart, nerves and blood clotting. Treats osteoporosis	Resistance to swallowing a large pill	
Vitamin D 1000 IU po daily	Fat-soluble vitamin, helps with absorption of calcium & phosphorus & prevent bone loss in osteoporosis		
Senokot S 1 tab po daily	Stool softener & laxative combined, used to treat constipation	Cramping, urgency	
Lax-a-Day 17 gm in beverage daily	Laxative used to treat constipation by softening stool and increasing water content	Cramping, urgency	
Sennosides 8.6 mg 2 tabs prn (about 1x weekly)	Laxative used to treat constipation by softening stool and increasing water content	Cramping, urgency	
Clotrimaderm ung 10 mg/gm for peri area	Treats fungal infections on the skin.	Skin rash or irritation, burning and itching.	

# Resistance to Night Time Care ...



## Ideas suggested by Alberta LTC teams

### *Questions to ask when care planning for resistance to night time continence care*

1. Must he be awakened for care? Best practice is to allow residents to sleep through the night, or provide care when they wake up. Can staff gently reposition without providing continence care?
2. Is pain being controlled? Perhaps the Acetaminophen and Ibuprofen are not resolving his pain. Does he have neuropathic pain?
3. Does the resident understand what is happening when care is being offered?
4. Are glasses and hearing aids on?
5. Is this the best time for the resident? How can you respect his refusal of care and protect skin?
6. Are any staff members successful at providing care? What is their approach?
7. What are the resident's triggers and preferred approaches?

### *Suggested strategies*

- Consider the lighting in the room; too dim and he may be confused and afraid, too bright and he might be irritated
- Try a red filter on the flashlight, attempt to not wake him at all
- Daybreak clock to gently wake him for care
- Turn on the radio when you come into the room and tell him you will come back in 5 minutes
- Play music he enjoys while providing care
- Offer a cup of coffee or beverage of choice when you enter the room
- Talk about ranching "we were out checking the cows" to engage him
- Fleece pajamas may help retain heat when wet
- Position with a body pillow; lighter blankets on his feet
- Check to see if he is too warm

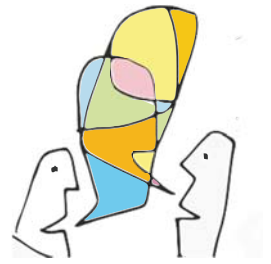
### *Strategies to assist in continence and skin care*

- Incontinence products – good fit and right size for resident, adequate absorption, night product applied between 2130 and 2300
- Trial condom catheter
- Have him lie on top of a large incontinence pad instead of waking him for continence care
- Try an alternating air mattress to control pressure

### *Other considerations*

- Depression assessment.
- Are there changes in his sleeping patterns; he may need more sleep with decreasing vitality
- Assess for potential urinary retention
- Is there possible PTSD?
- Lifetime habit of sleeping in the nude?

## Resistance to Night Time Care ...



### Staff education and resources

- See the [AUA Toolkit](#), Responsive Behaviours: Assessment & Care Planning [Care Planning to Prevent and Manage Responsive Behaviours](#)
- See also, Responsive Behaviour Prevention: Dementia Friendly Environments [Pioneer Network](https://www.pioneernetwork.net/): <https://www.pioneernetwork.net/>
  - [For Providers: Engaging Staff in Individualizing Care Starter Toolkit](#)

### Curbside Consultation info

The Appropriate Use of Antipsychotics (AUA) team hosts monthly peer to peer call-in meetings to discuss specific challenges related to care of persons with dementia. A case study is prepared in advance and sent out to care teams on our contact list. During a call on the third Wednesday of each month, care teams share their expertise. The case study and suggested strategies are summarized and shared or later used for staff education.

*If you have a topic or resident case study you'd like help with, or would like to be on our e-mail list, contact:*  
[AUA@ahs.ca](mailto:AUA@ahs.ca)