

Curbside Consultation

Peer to peer consultations facilitated by dementia care experts



Seniors Health
Strategic Clinical Network

The Resident Who Refuses a Bath

Case study

An 82-year-old resident of a long term care facility, diagnosed with Alzheimer's disease, congestive heart failure, anxiety, chronic anemia, renal failure, hyperlipidemia and hypertension. This resident has refused to have a tub bath or shower since her admission 8 months ago.

The care aides offer her a bath/shower weekly on Tuesday after lunch and she responds by shouting "No, No, No" and clamping her hands on the armrest of her chair.

Her family is becoming upset that their mother has not had a bath in 8 months and have asked the care staff to force her into the bath like they did at her previous care home. This care home has a minimal physical restraints policy and a person-centered model of care and staff have not forced the resident to bath or shower. The resident has her hair washed and set weekly by the hairdresser.

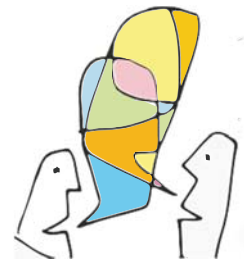
Attempted strategies

Offered the resident a bath at different times of the day (i.e. when she gets up, after breakfast, before bed), had a familiar staff member offer her a bath, offered a shower instead of a bath, played music she likes in the tub room, offered a sponge bath in her room, (she refused this as well).

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

- Strategies that may have worked at your site to get a reluctant resident into a bath/ shower
- Options to bath/shower that meet standards of care.

Bathing without a battle ... continued



Medications

Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Aricept 10 mg po daily at bedtime	For early stages of Alzheimer's disease	Loss of appetite, diarrhea, dizziness, drowsiness, weakness, fatigue, insomnia, tremor, muscle cramps, weight loss, anorexia	
Diovan 160 mg po daily	Hypertension	Headache, fatigue, dizziness, drowsiness, nausea, diarrhea, joint pain	
Aranesp injectable 75 mcg SC q4 weeks	Anemia related to chronic renal failure	Headache, body aches, diarrhea, seizures, abdominal pain, breathing problems, blurred vision, confusion, cough, decreased urine output	
Os-Cal 250 + D po, tid	Essential for bones, teeth, heart, nerves, blood clotting. Helps with absorption of calcium & phosphorus, prevents bone loss in osteoporosis	Constipation, upset stomach	
Lipitor 40 mg daily at bedtime	Statin – used to lower cholesterol (LDL & Triglycerides)	Muscle/joint pain, weakness, unstable blood sugars	
Digoxin 0.125 mg po daily	Treats heart failure by increasing the strength of contraction of the heart	Nausea/vomiting, dizziness, fast pounding pulse, slow heartbeat, confusion, anxiety, hallucinations, depression, agitation	Yes
Furosemide 80 mg po bid	Diuretic to reduce symptoms of swelling and shortness of breath for CHF and chronic renal failure	Frequency, dehydration - confusion; Thiamine (B1) deficiency (worsens CHF); B6 deficiency - necessary for serotonin & melatonin synthesis (insomnia, anxiety, depression)	Yes
Tylenol 500 mg, 2 pills po up to 4 times per day	Analgesic used to treat mild to moderate acute and chronic pain	Dizziness, ringing in the ears. Bitter tasting when crushed	
Trazadone 50 mg po daily at hs	Antidepressant used for insomnia	Confusion, agitation, insomnia, vomiting, diarrhea or constipation, dizziness, drowsiness, tiredness, blurred vision, headache, muscle pain, bad taste &/or dry mouth	Yes
Lorazepam 0.5 mg SL q4h prn	Benzodiazepine used to treat anxiety	Drowsy, dizzy, loss of coordination & balance, blurred vision, unusual changes in mood or behaviour, sleep problems, muscle weakness, sudden restlessness	Yes
Risperidone 2 mg po up to BID prn	Antipsychotic medication used for outbursts and struggling during bathing, a pharmacologic restraint	Drowsy, dizzy, light headedness, tiredness, drooling, nausea, muscle spasms, tremor, mood changes, anxiety, restlessness, elevated blood sugar levels	Yes

Bathing without a battle ... *continued*



Resident assessment/evaluation

- Evaluate what her behaviours are like at other times of the day. When does the problem start?
- Medication review, focusing on medications for anxiety and behaviours, non-essential medications
- Mental health or psychiatry consult to review medication and diagnosis
- Have someone do a P.I.E.C.E.S. intervention? If this is done first, we know the right way to proceed (e.g. delirium, UTI)
- Life history – what was her preference? (e.g. did she have a near-drowning experience)
- Involve the family – how did she bath or shower prior to her admission to LTC
- Ask the resident why she doesn't like a bath
- How does she feel about being exposed?
- Start slowly, build up trust
- Any history of sexual abuse?

Strategies for pre-bath

- Engage the client prior to the invitation to the bath – spend time, gain trust
- Introduce to the spa area, but not for a bath. Non-bathing activities such as folding and stocking up towels to build trust that it's a safe place
- Offer her food or drink that she likes prior to the bath
- Music – start the music or singing in her bedroom and carry on in the tub room
- Use warm towels or blanket to wrap her. Use a big bath towel with head wrap sewn up – warm up before the bath.
- If she is very shy in front of men, have the female caregivers offer to bathe her
- Rephrase – let's go for a wash. Would she prefer an early morning "wake-up shower" or an evening "relaxing shower or bath"?

Strategies for during bath

- Ask her daughter to come in and be with her in the tub room
- Wash her with clothes on (once clothes are wet, she may be ready to take them off)
- A cushion to sit on to make the tub chair more comfortable
- Privacy issue: bath before breakfast – in tub with a hospital gown. Don't have to undress them twice – when they wake up they go straight from bed into tub
- Bath when no one is around in the hallway
- Negotiate care ahead of time: if you comply, will give you food/money

Bathing without a battle ... continued



Alternate bath strategies

- Set up a basin in her room next to her clean clothes, see if she takes any initiative to wash
- Set it up like a spa day (nail care, back rub)
- Bathing in sections – it may take a couple of days to get everything

Staff education and resources

- [Bathing without a battle](http://bathingwithoutabattle.unc.edu): <http://bathingwithoutabattle.unc.edu>
- [Pioneer Network](http://pioneernetwork.net): <http://pioneernetwork.net>
 - For Providers: [Engaging Staff in Individualizing Care Starter Toolkit](#)
- [Alzheimer's Society UK](https://www.alzheimers.org.uk): <https://www.alzheimers.org.uk>
 - [Washing and bathing](#)
- Teepa Snow YouTube video: [Bathing a patient with dementia](#)(4.07 mins)

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