Beyond Memory Books: Maintaining function in dementia with written cues

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Screening Protocol to Monitor Residents with Dementia © Angela Halter Rozsa, M.S. CCC-SLP & Michelle Bourgeois, Ph.D. CCC-SLP

Resident's Name:							_	
Medical Diagnosis:	edical Diagnosis: Age: Sex: Sex:							
Date of Birtin.	лус. <u> </u>		06%.					
	P/	ART 1: F	RESIDEN	T INTER	VIEW			
A. Personal Information Family			Occur	pation				
Hobbies			Dislik					
•					•			
Premorbid Basic Reading Ability	Yes	No		to answer				
Premorbid Basic Writing Ability Wears Hearing Aid	Yes Yes	No No	Unable	to answer				
Wears glasses	Yes	No	For som	ne activitie	S			
Other languages spoken	Yes	No	Other: _					
B. MMSE Score: Mild=20-23 Strengths:								
C. Conversational Sample:								
Tell me about your stay here at (name of fa	cility).							
Discourse features	Prese	nt	Absent		No opportunity			
Takes turns Relinquishes turn		_						
Maintains topic		_						
Initiates new topic		_						
Transitions from topic		_						
Requests clarification Clarifies		_						
		_						
D. Orientation to Environment: Can you show me to your room?			Able	Requires	s assistance (Mild	Mod	Max)	Not able
Can you show me to the dining area?			Able	Requires	s assistance (Mild	Mod	Max)	Not able
Can you show me the activities room?			Able	Requires	s assistance (Mild	Mod	Max)	Not able
Can you show me the activities board?			Able	Requires	s assistance (Mild	Mod	Max)	Not able
E. Memory Book Use: (Use clinician's me	emory b	ook if resi	dent does	not have	one)			
If resident has book:	, ~				,			
Does resident have memory book?			Yes	No				
Is book readily available for resident's use?			Yes	No				
Does resident engage in conversation about	ıt book?		Yes	No				
Does resident maintain topic?			Yes	No				
Does resident make novel comments?			Yes	No				
Does resident make error statements (false	comme	nts)?	Yes	No				
Does resident transition from page to page?			Yes	No				

Observations:			
F. Reading Screening (Based on Memory Book): Pass Fail	Level: Full sentence	Short phrase	Single word
G. Spaced-Retrieval Screening: Pass Fail			
Observations:			

PART 2: RESIDENT OBSERVATION

A. Social Communication Observation (direct or from staff):

Resident communicates wants & needs in various settings	Able	Requires assistance	Not able
Resident makes likes/dislikes known	Able	Requires assistance	Not able
Resident converses with staff	Able	Requires assistance	Not able
Resident initiates conversations with others	Able	Requires assistance	Not able

B. Presence Of Problem Behaviors:

Behavior	According To	Description (including time of day)

C. Swallowing:

Presence of dysphagia Yes If applicable: Oral Pharyngeal Esophageal

Date of most recent evaluation: Yes No If yes: _____

Alternative Means for nutrition/hydration:

Current Diet: (Circle)

Regular diet Thin liquids Sips from cup Mechanical Soft Nectar thick No straw Puree Honey thick Cueing required

Other: Clear liquids No liquids

Full liquids NPO

D. Activities of Daily Living – Assistance requirements

D. Activities of	Daily Living 7,000	nance requirements		
Mobility	Independent	Cane	Walker	Wheelchair
Meals/Eating	Independent	Minimal assistance	Moderate assistance	Dependent
Grooming	Independent	Minimal assistance	Moderate assistance	Dependent
Dressing	Independent	Minimal assistance	Moderate assistance	Dependent
Toileting	Independent	Minimal assistance	Moderate assistance	Dependent

Functional Goals Screening Protocol: Community Clients with Dementia © Michelle Bourgeois, Ph.D. CCC-SLP & Angela Halter Rozsa, M.S. CCC-SLP

Name:			Date of Screening:					
Medical Diagnosis:								
Date of Birth:	. Age:			Gender:				
) A DT 1.	CLI	ENT INTER\	/IE\A/			
A. Personal Information		ANI I.	CLI	LINI IINI LINI	/ I L V V			
Family				Occupation				
Lives with:				Hobbies				
Friends				Activities				
Preferences				Dislikes				
Premorbid Basic Reading Ability	Yes	No	Un	able to answe	or			
Premorbid Basic Writing Ability	Yes	No		able to answe				
Wears Hearing Aid	Yes	No	Oil	abio to ariow	J 1			
Wears glasses	Yes	No	Fο	r some activiti	ies			
Other languages spoken	Yes	No		her:				
outer languages specien	100	110						
B. MMSE Score : Mild=20-2	23; Mode	rate=17-1	19; Se	evere= <17				
Strengths:								
•								
C. Conversational Sample:								
Tell me about your family (or what you did	for a livin	ıg):						
Discourse features	Prese	nt	Ab	sent	No oppo	ortunity		
Takes turns		_	_			_		
Relinquishes turn		_	_			_		
Maintains topic		_				_		
Initiates new topic		_				_		
Transitions from topic		_	_			_		
Requests clarification		_				_		
Clarifies		_						
D. Oniontation to Franciscomments								
D. Orientation to Environment:		A. I.	_		/A 4"1 1		\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Show me where the bathroom is?		Able		quires assista			•	
Show me where your telephone is?	2	Able		quires assista	•		,	
Show me where I can get a glass of water?	,	Able	Re	quires assista	ance (IVIIId	Mod Max) Not a	able
E Auditory and Tastila Pahaviara								
E. Auditory and Tactile Behaviors:	Va	. Na	مالا	lda anuaana	ال بمانسمية	ataa ahiaata	n V.	a Na
Is attentive when others are talking?		s No		olds, squeezes	•	•		
Is bothered by noises (radio, tv)?	Yes			bs, smooths,	•			
Is attentive to or participates in music, sing	ing? Yes	s No	ПІ	s, bangs, slap	os objects	or surfaces !	? Ye	es No
F. Visual and Functional Reading Beha	viore: (I	lea nawer	nanai	r manazina d	ther writte	n materials	in the home	ı)
Prompt client to "Tell me something interes	,			•		ni materials		")
Does client read aloud from the materials?	ang nom	i iiiis pape	O1 (1116	ayazıne, man, Yes	No			
Does client read aloud from the materials? Does client make comments about the topi	c2			Yes	No			
Does client make confinents about the topi Does client engage others with the materia		upetione	noint		No			
5 5	٠.	u c sliulis,	μυπι	,				
Does client turn pages to find another topic				Yes	No			
Does client notice objects in the near/far di	stance?			Yes	No			
Observations:								

H. Spaced-Retrieval Screen		al. 1998	3): Ir	mmediate	30 sec	60 sec	F	Pass	Fail
Repeat after me (short statem Observations:	ient):								
Observations.									
		P	ART 2:	CLIENT O	BSERVA	TION			
A. Social Communication C	bservation (-					
Client communicates wants &	needs in vari	ous setti	ngs	,	Able	Requires as	sistance	Not	able
Client makes likes/dislikes kno	own		•		Able	Requires as	sistance	Not	able
Client converses with others					Able	Requires as	sistance	Not	able
Client initiates conversations v	with others				Able	Requires as	sistance	Not	able
B. Presence Of Problem Be	haviors:					·			
Behavior A	ccording To	Desc	ription	(including tin	ne of day	<i>(</i>)			
	-								
•		•							
C. Swallowing:									
Presence of dysphagia		Yes	No	If applicabl	e: Oral	Pharyngeal	Esophage	al	
Date of most recent evaluation	n:								
Alternative Means for nutrition	/hydration:	Yes	No	If yes:					
Current Diet: (Circle)									
Regular diet	Thin liquids				Sips f	rom cup			
Mechanical Soft	Nectar t	hick			No str	aw			
Puree Honey thick			hick	Cueing required					
Clear liquids No liquid			ds			Other	:		
Full liquids		NPO							

Mobility	Independent	Cane	Walker	Wheelchair
Meals/Eating	Independent	Minimal assistance	Moderate assistance	Dependent
Grooming	Independent	Minimal assistance	Moderate assistance	Dependent
Dressing	Independent	Minimal assistance	Moderate assistance	Dependent
Toileting	Independent	Minimal assistance	Moderate assistance	Dependent

Personal Wants, Needs, & Safety Assessment Form © Michelle S. Bourgeois, Ph.D.

Assessing the Wants, Needs, Safety of:	(name)							
Environment: Home Hospital Assisted	Living Nursing Home (circle one)							
Wants: The expression of personal preferences, likes and dislikes								
Likes:	Dislikes:							
Needs: The satisfaction of physical comfo	rts and emotional needs							
Physical:	Emotional:							
Pain:								
Safety: The prevention of harm to one's s	elf or others							
Medication:								
Falls massantions								
Falls prevention:								
Eating:								
Laung.								
Personal hygiene:								
i cisonai nygiene.								
Environmental constraints:								
Zavii omientai consti amo.								
Emergency Contacts:								
Lineigency Contacts.								

Reminder Cards: Using Written Cues in the Home and Nursing Home

© Michelle S. Bourgeois, Ph.D.

When a question is repeated a few seconds after you have just answered it, a **Reminder Card** may help to keep the information in mind. Follow these easy steps for successful remembering:

- 1. State the answer to the question or concern.
- 2. Write the answer on an index card or notepad.
- 3. Read the card aloud with the person and give it to him/her.
- 4. When the question is repeated, DO NOT say the answer, INSTEAD say,
 - "Read the card."
- 5. Do this each time the question is repeated.

Examples:

- Q. When am I going to the store?
- A. I am going to the store after lunch. (write this on the card)
- Q. Where are we going?
- A. We are going to church. (write this on the card)
- Q. Where is my paycheck?
- A. **My money is safe in the bank.** (write this on the card)

Helpful Hints:

Print a clear message

Use large print; Use a few, simple, positive words

Make the message personal

Use personal pronouns (I, my, we) in the message

Read the message aloud

If there are reading errors, change the message