

Unit 49 - dementia

Nutrition



Unit 49 - Dementia I have been working for a while in the Nursing Home and I have met patients with different situations. We have been dealing with more Nursing residents but getting to know with Dementia patients is very interesting. I have met Mrs. E which had been discharged from the hospital. She couldn't communicate properly on what she wants, even her family are having a problem to recognize the things she liked and wants. It was a challenge for us to help her in her daily personal hygiene and especially eating and drinking. When she arrived we tried to comfort her and made comfortable. Her family was very supportive in her care but it's very hard to predict what she really wants. We checked her weight, as the process of checking if what they need for their nutrition. Mrs. E had been spitting out food at meal times so we have tried to give her sweet drinks to divert her attention with the food. During the past days we have been trying to identify on how to communicate with her through different ways until we tried to hold her hands while eating to keep her calm. Because of the Dementia Mrs. E had, she had lost weight for the past days because she didn't have good nutrition and until when she's a bit settled in her new home, she has been eating well. With the assessment of the Nurse, her diet was then changed to soft. She is able to swallow her food straight away without chewing more that makes her more agitated. Her diet was changed because she don't like to use her dentures, she don't want anything that bothers her in her mouth. Mrs. E was admitted to the hospital because of poor nutrition caused by her Dementia. She wasn't eating and drinking very well until she was settled in the home where she had been attended to by the carers regularly. We gave her different kinds of food, until we gave her the food that she likes to swallow. So now we knew that she likes soft foods like mousse, ice cream

and anything sweet. It was emotionally very good to Mrs. E because it will make her calmer and settled if we have achieved to give her what she wanted. When she first came to the Home, Mrs. E is very unsettled. With her shouting and crying, other residents had been affected with her in the dining room. I wasn't a very good atmosphere for Mrs E and the other residents and affected them so much in their meals. Some of them just go out without eating because of her in the dining room shouting. Since then we tried to make changes with the meal times and until we make her settled. We have to give her more attention, because when you just leave her and try to serve others she will then started to make cries and shouts because she can hear the noise in the dining room in which she don't know what to do and made her agitated. So we have to give her more time to have her meal, along with those who need assistance with their food. Person-centred care played a very important role in Mrs E's stay in the Home. We have been trying many ways on how we could communicate with her on what she wants to do, especially with her food. It helped the carers to recognize the wants of Mrs E with her food and gave the kitchen staff the list she is having and the kind of drinks she is taking. She wanted to have a quiet environment during meal times to make her calmer. With the families helped in the history of Mrs E, it was a great helped in assessing the right kind of care to be given to her. The way she deals with her personal hygiene, to the likes of her dress and the kind of food she wants. Through the care plan the carers have the basis of the thing they need to assist Mrs E in her care. It helped us in the care we give her and the food she's having. I have met Mr L, who has been admitted at the Home and his daughter gave us his life's history prior to his stroke. He wasn't been eating and drinking he was not very well. That's why his family

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decided to have him in the home to be taken care by the carers. We have been helping Him in the morning with his personal care as due to the stroke Mr L couldn't move his left side very well. He could still immobilised himself through standing but with a help by us. He was very kind man but the problem is he is not eating very well. As we have seen in His care plan that we need to encourage him to eat and drink. Through the helped of His daughter we learned that because of his dementia he always forget the time of the day when he is still leaving on his own until He was not feeling well because He had no proper nutrition that He needs. Dealing his personal centred care we ask Him what time he usually eats breakfast, lunch and dinner and what kind of drinks He wants. He told us that He prefers to eat his meals in His room, because He was a writer before, he is just fund of reading books and papers. After a while in His stay at the Home he gets better, by giving Him the food at the right time and by helping Him with eating and drinking. As the result of this learning it has been very challenging in dealing this kind sickness. I know that we are not having full dementia unit but I am looking forward to learn more and to apply the things that I have learned in the different areas of Dementia.