



Parkinson's disease

Purpose/Goals

Each care partner has an understanding of Parkinson's disease and will demonstrate safety and compassion while attending to the client with Parkinson's.

Introduction

Parkinson's disease is a neurological disease that affects motor skills. The nervous system is like a communication center and helps one make sense of what is happening inside and outside the body. Parkinson's disease usually begins when a person is in his/her 50's or 60's. The cause is unknown at this time.

Parkinson's disease touches every area of the individual's life. Care partners and family especially spouses are also affected. Knowledge of specific training and holistic approach are key to providing the best services to persons affected by Parkinson's and their family members.

Signs and symptoms can include:

The symptoms of Parkinson's are caused by over-activity or under-activity of cholinergic or dopamine (chemical messengers in the brain)

- Musculoskeletal Changes
 - Weakness and stiffness
 - Tremors
 - May have slumped, bent-over posture
 - Shuffling walk, poor balance
- Gastrointestinal Changes
 - Drooling
 - Constipation
 - Difficulty chewing and swallowing
- Personality Changes
 - Mood changes
 - Confusion

Intervention and Management

Treatments mainly address issues of mobility; slowness of movement, freezing, rigidity and stiffness and involuntary movements. Medication reminders are very important here related to the time sensitivity of the peak time of the drug.

- Maintain mobility.
- Encourage ROM exercises per care plan.
 - Second most important treatment after medication
- Maintain adequate nutrition and fluid.
- Maintain a safe environment.
- Maintain independence.
- Keep the client's room free of clutter.
- Encourage the client to use assistive devices for walking.
- Provide for frequent rest periods.
- Give small frequent meals high in fiber.
- Encourage the client to increase fluid intake.
- Keep tasks simple.
- Support the client by listening to his/her concerns about his/her loss of abilities.

Nutritional Considerations

If weight loss is a problem, serve foods the person still enjoys (sweet is the flavor to go).

A client with Parkinson's eats most effectively when they have independence so;

- Cut food into small pieces
- Utilize special utensils, cups for beverages, plates with lips, and non-slip surfaces for plates
- If swallowing becomes a problem, foods may need to be pureed, liquids thickened or the family may consider a feeding tube.
- Excess saliva
 - Offer hard candy or gum this can help the client remember to swallow.
- Eat a balanced diet with all of the daily nutritional requirements
- Maintain bone health
- Maintain bowel regularity, eat plenty of fruits and vegetables and increase fluids as tolerated

Homewatch CareGivers University Parkinson's	Objectives	Description
Recognizing and Responding to Pain	<ul style="list-style-type: none"> • Explain why pain is important in the care of the elderly. • List three signs of pain in the elderly. • List two symptoms of pain that must be reported immediately. • List three ways to treat pain other than medication. 	This course is designed to help care partners to recognize signs of pain in an elder being cared for at home or in a facility, and then to respond and document appropriately.
Communication: Can You Understand Me?	<ul style="list-style-type: none"> • Define the terms aphasia, agnosia, amnesia and apraxia. • Relate the various speaking disorders that result from stroke. • Predict how a person with aphasia might feel. • Describe and practice various strategies to help the person with aphasia. • Demonstrate how these strategies help the stroke patient talk and listen better. • Evaluate the benefits of helping a stroke patient speak better. 	Aphasia, Agnosia, Amnesia, Apraxia, and other problems make it hard for a resident to understand and be understood. This in-service will help you understand the person's speaking problems. You will learn how to speak in ways that will help the person understand you.
Dysphagia: Choking is not the Only Indicator!	<ul style="list-style-type: none"> • Tell the definition of dysphagia • Examine how various diseases/etiologies may cause dysphagia • Explain the consequences and repercussions that a person with dysphagia may face • Relate the various signs and symptoms that may indicate dysphagia • Plan basic methods for treating dysphagia • State how care partners can help in managing dysphagia 	Dysphagia or the inability to swallow can be serious for a resident. It is very important for the CNA to understand this very subject.

<p>Failure to thrive in older adults</p>	<ul style="list-style-type: none"> • Define Failure to Thrive in Older Adults (FTTOA) and establish relevance • Identify the 4 main components of FTTOA and typical presentation in the elderly • Describe nutritional interventions • Describe additional interventions that may be beneficial 	<p>Failure to Thrive in Older Adults (FTTOA) is on the rise. The number of "at risk" elderly is growing quickly. A thorough understanding of the problem is the only way to find prevention strategies and effective treatments.</p>
<p>Patient Mobility: Ambulation</p>	<ul style="list-style-type: none"> • Explain why ambulation is important for an older person. • Identify three factors that can affect the way an older person walks. • List three safety tasks during an ambulation program. • List the steps used in ambulating with a walker. • Describe how to motivate a person with dementia to walk – (great for any disease process) 	<p>The goal of this in-service is to review ambulation programs for older persons, with an emphasis on safety for both the older person and the nursing assistant.</p>
<p>Care Basics: Fall Prevention</p>	<ul style="list-style-type: none"> • Examine common risk factors for falls • Explain how to prevent falls and what to do if a resident falls 	<p>One of the biggest problems in Long-Term Care is how to keep our residents safe from falls. The law requires a safe environment. This course will explain risk factors for falls and present prevention strategies.</p>
<p>Understanding Weights</p>	<ul style="list-style-type: none"> • Identify diagnoses and trends that can influence both weight gain and weight loss. • Relate the role of a care partner in monitoring resident weights. • Appraise weight scales, when to use each type, and the importance of correct documentation. 	<p>We can weigh clients as part of weekly responsibilities. We can we learn much about our client's disease process and nutrition through weight monitoring.</p>

The expectation is to demonstrate steps in the correct order. An observer will grade performance using a competency assessment observation form. These courses list the steps that are expected and the rationales that explain why you perform some of these steps.

- Dressing A Dependent Patient
- Response to Choking
- Position client in supine to sit on edge of bed
- Assist with Walking
- Encourage/Assist with Range of Motion
 - Involve any outside therapies in training
- Response to Falling or Fainting
- Measuring Weight

Parkinson's disease: Practice Guidelines – Nurse Course

Consider requiring this course of your nurse trainer. It is an 8 hour advanced course recommended for nurses only. This will equip your nurse with specialized training to engage with referral sources and to better support care partner training

This course is designed for healthcare professionals who provide care for patients with Parkinson's disease. Clinical foundations, including pathophysiology, causes and other forms of PD will be described. Current trends in rehabilitation and maintenance as well as practice guidelines will be presented.

- Describe the pathophysiology of PD,
- Describe at least 3 causes of PD.
- Discuss at least 5 other forms of Parkinsonism and compare and contrast to PD.
- List the 4 primary symptoms of PD.
- Identify the secondary symptoms of PD.
- Discuss the method of diagnosing PD and the clinical presentation.
- List the instruments used to assess patients with PD and the clinical assessment components.
- List the categories of drugs which may be beneficial in the treatment and management of PD.
- Describe strategies that assist in improving specific deficits in PD.
- Explain management of motor function/motor control and ADLS in PD.