



## DEMENTIA AND DELIRIUM

### Learning Objectives:

Using knowledge about abnormal age-related cognitive changes in older adults, the students will be able to:

1. Differentiate delirium from dementia.
2. Use standardized, evidence-based assessments for dementia and delirium .
3. Implement evidence-based nursing interventions that address and minimize/eliminate symptoms and behaviors caused by delirium and dementia.

### Student Preparation:

Mental Status Assessment of Older Adults: Mini-Cog (#3)

1. Confusion Assessment Method (CAM) (#13).
2. Assessing and Managing Delirium in Persons with Dementia (#D8)
3. Eating and Feeding Issues in Older Adults with Dementia: Part I: Assessment (D11.2)
4. Eating and Feeding Issues in Older Adults with Dementia: Part II: Interventions (D11.2)
5. Caring for Alzheimer's. [http://www.alz.org/living\\_with\\_alzheimers\\_caring\\_for\\_alzheimers.asp](http://www.alz.org/living_with_alzheimers_caring_for_alzheimers.asp)

Above resources are available at <http://consultgerirn.org/resources>. Many of the resources also have accompanying articles and videos.

### Student Activities:

1. Complete a Mini-Cog and Confusion Assessment Method (CAM) on several residents. Compare the findings to the information on the residents' MDS and the residents' diagnoses.
2. Observe residents who are noted to have dementia:
  - a. What behaviors did you observe?
  - b. What do you think caused those behaviors?
  - c. What strategies used by the nursing staff that were effective or ineffective in reducing/minimizing the behaviors? Why do you think they were effective or ineffective?



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For additional *Quick and Easy* tips, visit:

<http://www.nursing.umn.edu/Hartford/ClinicalTeachinginNursingHomes/ClinicalTeachingResources/index.htm>