

(DEMENTIA) NURSING CARE PLAN

Medical Diagnosis: Dementia		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Trouble sleeping • Forgetful • Irritability • Poor Appetite • Cough when eating 	Perform physical assessment	Full physical and psychosocial assessment should be performed. This is to get a baseline for the patient. This is the time to assess skin for breakdown and to see how advanced their dementia is.
	Swallow evaluation	As Dementia advances, patients often experience dysphagia. It is important to perform swallow evaluation to assess for aspiration risk. Liquids may need to be thickened or food may need to be chopped.
	Assess for evidence of sundowning	Patients with Dementia can have increased confusion at night. Important to have extra safety precautions at night. Bed alarm should be placed. Non-slip socks, bed at lowest position. Frequent rounding.
Objective Data: <ul style="list-style-type: none"> • Aphasia • Agnosia • Impulsive • Memory Loss • Agitation • Short Term memory deficit • Dysphagia • Sundowning • Wandering 	Assess for changes in self-management	As the disease progresses, patients lose interest in many things such as personal appearance, eating, ambulating. May become less mobile and develop risk of skin breakdown and poor nutritional intake.
	Provide caregiver with support resources	Its very important to support the caregiver as caring for patients with dementia can be challenging and oftentimes leads to caregiver strain. Collaborate with social worker to provide resources regarding respite, support groups and other pertinent information.