



EXTRAORDINARY PEOPLE.
EXCEPTIONAL CARE.

Office Contact Information

Main Office #: 407.434.0675

2441 W SR 426, Suite 1011, Oviedo, FL 32765

centralorlando@firstlighthomecare.com

Owner:

Karen Tucker

Human Resources:

Christina Dawson, HR Manager

Ashley McClellan, Recruiter

Scheduling:

After Hours Cell (Before 7a and after 6p): 407-451-2449

Crystal Hubler

Brie Bono

Gabby Short

Tori Clifton

Susan Donaldson

Payroll:

Deborah Dooley

Office Administration:

Michelle VanHorn, LPN/Operations Manager (Cell: 407-607-6659)

Melanie Oxenreider, Assistant Office Manager



Care Coordinating:

Lois Timyan RN

Cell: 407-449-5555

The Client Information Page

Clicking on a client's name will take you here:


- Use your Internet browser to print page. 
- Click on  for Turn by Turn driving directions.
- Use your Back Button/Arrow on your browser to return to your portal.

Spectrum Scheduling [Log Out](#)

Caregiver: Johnson, Carol

Client: Goodman, Jim

Street: 1417 Hill Road
 Apt:
 City: Geneva
 State: IL
 Zip: 60134
 Phone: 958-999-9999
 Notes: Jim likes to watch channel 71. Also be certain and feed his dog at each visit.



Dates: 10/22/2012 Through 10/28/2012

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Tue 10/23/2012	Goodman, Jim	1:00:00 PM	--	2:00:00 PM	--	1.00	--
Wed 10/24/2012	Goodman, Jim	1:00:00 PM	--	2:00:00 PM	--	1.00	--
Totals:						2.00	0.00

Welcome to Your On Line Caregiver Portal

FirstLight Home Care



Access at your fingertips



Special Notes about your on-line portal:

- Your schedule is subject to change so please check in often.
- Our goal is to have next week's schedule set by Wednesday at 5pm, each week.
- The importance of clocking in/out is a vital part of our business. This tool will give you access to see what we see. We are expecting you to make sure you have clocked in/out for each visit you're assigned.

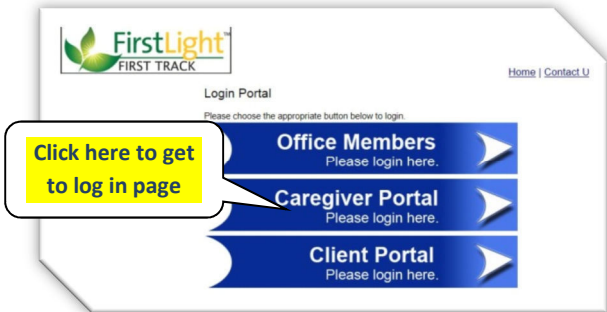
What Your on-line Portal can do for you!

- Access your weekly schedule
- Requires you to Confirm each visit!
- Print your schedule
- See your actual Arrival & Departure Times
- View your client's information such as: address, phone #and special notes.
- Complete Driving Directions!!
- Track your hours
- 100% Accessible from your smart phones.

Let's Get Started

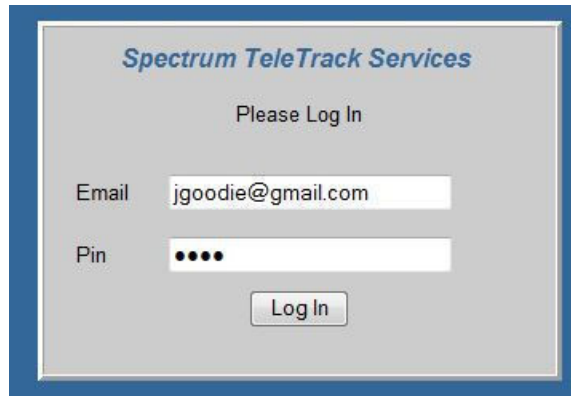
Go To the following web site:

<http://www.spectrumvoice.com/sv/login/>



Your Log in information:

- Enter your email address/user id
- Enter Pin – (Your 4 digit ID)



Once logged in you will have access to:

- This week and next week's schedule
- Print button to print schedule
- View schedule by Client or Date
- Clicking on a client's name will take you to their information page.
- On a Clients info page you can access the driving directions



Adding a Note: Allows you to enter specific notes on how your visit went.

FirstLight HomeCare



Dates: Monday, May 14, 2012 To Midnight Sunday, May 20, 2012

Caregiver: Downing, Jane 1050

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 5/14/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Mon 5/14/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Tue 5/15/2012	Eger, Frank	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Wed 5/16/2012	Eger, Frank	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Wed 5/16/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Thu 5/17/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Fri 5/18/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Sat 5/19/2012	Elsey, Martha	10:00:00 AM	--	10:00:00 AM	--	24:00	--
Sun 5/20/2012	Eger, Frank	10:00:00 AM	--	1:00:00 PM	--	3:00	--
Sun 5/20/2012	Elsey, Martha	10:00:00 AM	--	12:00:00 AM	--	14:00	--
Totals:						129.00	0.00

A Must DO

Confirming Your Schedule:

- Click on the  next to each visit to confirm you will be going. It will turn to a .

Caregiver: Rood, Fred 1019

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 11/26/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Tue 11/27/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Wed 11/28/2012	Callahan, Christopher	3:00:00 PM	--	6:00:00 PM	--	3:00	--
Thu 11/29/2012	Hanigan, Caroline	11:00:00 AM	--	8:00:00 PM	--	9:00	--
Fri 11/30/2012	Hanigan, Caroline	11:00:00 AM	--	8:00:00 PM	--	9:00	--
Totals:						27.00	0.00

Viewing your Schedule by Client:

Sorts your visits by each client you care for. Simply click on their name.

The print view:

- Use your internet browser to print your schedule, info, driving directions
- Usually located on top right side shaped like a printer.
- Click on Client's name to get to their info page

TeleTrack Demo Site

Caregiver Name: Goodie, Jean 7444

Schedule Dates: 9/26/2011 Through 10/2/2011

Date	Client	Arrivals		Departures		Hours	
		Schedule	Actual	Schedule	Actual	Schedule	Actual
Mon 9/26/2011	Bowers, Mike	1:00:00 PM	--	3:00:00 PM	--	2:00	--
Wed 9/28/2011	Bowers, Mike	1:00:00 PM	--	3:00:00 PM	--	2:00	--
Fri 9/30/2011	Goodman, Jim	10:00:00 AM	--	3:00:00 PM	--	5:00	--
Fri 9/30/2011	Bowers, Mike	6:00:00 PM	--	11:00:00 PM	--	5:00	--
Totals:						14.00	0.00

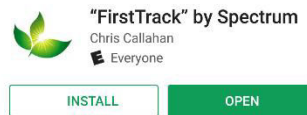


FirstLight Home Care Clocking In/Out Instructions

For ANDROID users:



Once you download the app, the login will look like this:



username

password

LOGIN

Your username is the email you used for your application

Your password is the 4-digit number assigned to you during orientation.

ARRIVAL/DEPARTURE

I want to clock in for an:

Once you login, You will get the option to clock in (Arrival) or clock out (departure).

ARRIVAL

DEPARTURE

Clock in/Arrival: When you select arrival, it will show the clients name for which you are scheduled for if you are within GPS distance of clocking in. After you select the client, it will show a confirmation that you have clocked in and the clients name and address.

< SELECT ARRIVAL
ARRIVAL FINALIZED

TEST CLIENT

Your arrival clock in is successful!

Wednesday, Jun 20,
09:30AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo FL 32765

Clock out/Departure: Once you have finished your shift, you will login to the app again and select departure. Then it will give you the same screen as arrivals (you must still be at the house or walking out of the door for the GPS to locate you) where it shows you the clients name. Select the client and it will give you a confirmation clock out time.

< SELECT ARRIVAL
DEPARTURE FINALIZED

TEST CLIENT

Your departure clock out is successful!

Wednesday, Jun 20,
09:31AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo FL 32765



After the clock out confirmation, the screen will prompt you to enter the activities you performed for the client. Please scroll through and select the boxes that correlate with your shift. Remember: If you didn't document it, you didn't do it. Documentation is essential!

Select Continue to move onto Mileage and comments.

Enter the mileage if you drove the client anywhere in your vehicle. In the box below that, enter where you went that explains the mileage you entered. You can enter anything you would want to mention about the client or how the shift went as well.

< ACTIVITIES

Please check off all activities completed for **TEST**:

Companionship

Skin/Nail Care

Light Housekeeping

Meal Preparation

Transportation

Assisted with Oral Hygiene

CONTINUE

< MILEAGE & NOTES

Please fill in your mileage for this job:

Miles

Would you like to add additional notes?

Enter comments how shift went. If you reported mileage, please enter where you drove.

FINALIZE



FirstLight Home Care Clocking In/Out Instructions

For APPLE users:

Once you download the app, the login will look like this:

Your username is the email you used for your application

Your password is the 4-digit number assigned to you during orientation.

Once you login, You will get the option to clock in (Arrival) or clock out (departure).

Clock in/Arrival: When you select arrival, it will show the clients name for which you are scheduled for if you are within GPS distance of clocking in. After you select the client, it will show a confirmation that you have clocked in and the clients name and address.

Clock out/Departure: Once you have finished your shift, you will login to the app again and select departure. Then it will give you the same screen as arrivals (you must still be at the house or walking out of the door for the GPS to locate you) where it shows you the clients name. Select the client and it will give you a confirmation clock out time.



username

password

LOGIN

SELECT ARRIVAL

I want to clock in for an:

ARRIVAL

DEPARTURE

ARRIVAL / DEPARTURE

We have found multiple matches.
Please select one.

TEST CLIENT

ARRIVAL FINALIZED

Your arrival clock in is successful!

Wednesday, Jun 20, 09:30AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo, FL 32765

ARRIVAL / DEPARTURE

We have found multiple matches.
Please select one.

TEST CLIENT

DEPARTURE FINALIZED

Your departure clock out is successful!

Wednesday, Jun 20, 09:31AM

TEST CLIENT
2441 W SR 426 Suite 1011
Oviedo, FL 32765



After the clock out confirmation, the screen will prompt you to enter the activities you performed for the client. Please scroll through and select the boxes that correlate with your shift. Remember: If you didn't document it, you didn't do it. Documentation is essential!

Select Continue to move onto Mileage and comments.

Enter the mileage if you drove the client anywhere in your vehicle. In the box below that, enter where you went that explains the mileage you entered. You can enter anything you would want to mention about the client or how the shift went as well.

< ACTIVITIES

Please check off all activities completed for **TEST CLIENT:**

Companionship

Skin/Nail Care

Light Housekeeping

Meal Preparation

CONTINUE

< MILEAGE & NOTES

Please fill in your mileage for this job:

Miles

Would you like to add additional notes?

Enter comments how shift went. If you reported mileage please enter where you drove.

CONTINUE

NetSpend Intuit PayCard

Overview

Intuit is partnering with NetSpend to offer the NetSpend Visa Prepaid Card (except in Vermont) to our QuickBooks Desktop (Assisted, Basic, Standard and Enhanced), Intuit Online Payroll (IOP), QuickBooks Online (QBOP & QBFSP) and Intuit Full Service Payroll (IFSP) payroll customers. NetSpend is a leading prepaid debit card company in the US and has been in business for over 10 years, serviced over 7 million customers and has over 130,000 reload locations throughout the US, where cardholders can add money to the card.

Read below to learn how you can sign up and deposit your pay to a prepaid card.

Details

How does the NetSpend Visa Prepaid Card work?

If you are an employee and your company uses Intuit Payroll in QuickBooks desktop or IOP, QBOP, IFSP or QBFSP, you can order a NetSpend Visa Prepaid Card on www.netspend.com/intuit. Once the signed up, the employee will receive their personalized card to their home address within 7-10 business days.

When the employee receives the NetSpend card, the account and routing number will be provided on the materials. The employee must activate the card for use and provide their employer with the account and routing number. The employer will have to update their employee information with the new account and routing number in their payroll system to start paying their employees with direct deposit to their new card.

The card is a prepaid Visa debit card and can be used everywhere Visa debit cards are accepted.

Have more questions? Read below for some FAQs about the NetSpend Visa Prepaid Card.

Sign up

Collapse All

How do I sign up for a new NetSpend Card?

Employees can sign up new cards at www.netspend.com/intuit. For employer information, go to www.netspend.com/intuitcustomer.

- If you have **Assisted, Basic, Standard or Enhanced payroll** using QuickBooks desktop, you can also sign up in the Payroll Setup inside of QuickBooks. From the **Employees** menu choose **Payroll Setup**. Choose your employee from the list and click **Edit**. Click **Next** until you get to the direct deposit information screen and click the **Request New NetSpend Card** button and follow the steps to complete the sign up.

The card will be mailed directly to the new cardholder's mailing address provided.

Note: The issuing bank will be Bancorp. NetSpend does provide other Visa Prepaid Card solutions.

Please ensure you sign up for the Intuit specific NetSpend card through one of these two channels:

- Visiting www.netspend.com/intuit (employees) or www.netspend.com/intuitcustomer(employers).
- Contact NetSpend Partner Services:
 - Employers call 866.397.5643
 - Employees call 855.967.2273

Is there a cost to sign up for the new NetSpend Card?

No. There is no cost to the employer for employees to sign up for the NetSpend Card.

Will I be charged direct deposit fees on the NetSpend Card?

There will be no direct deposit fee applied when you pay your employees via direct deposit to the NetSpend card. The normal per paycheck fee, if applicable, will still apply when you pay employees via direct deposit to a bank account.

What card should my employee receive in the mail?

Your employee should receive a Silver Visa issued by the Bancorp Bank. The routing number for this card is 114924742 and the account number will be located on the direct deposit form that the employee receives in the mail from NetSpend.



Using NetSpend Visa Prepaid Card

What are the NetSpend Visa Prepaid Card features?

Feature	Available?
Online Account Center	Yes
Billpay	Yes
Anytime Alerts	Yes
Online Load Options	Yes
Online Financial Planners	Yes
Budgeting Tools	Yes
Companion Cards	Yes
Financial Literacy	Yes
3 Cardholders per account	Yes
FREE Online Banking	Yes
Online Checks and Money Orders	Yes
Comprehensive Bill Pay Options	Yes
Online Checks and Money Orders	Yes

What are NetSpend Visa Prepaid Card fees?

	Cost
General Usage:	
Activation	Free

Sig/PIN Transactions	Free
Monthly Fee	Free
Withdrawals:	
Over the Counter (OTC) Cash Withdrawal Fee at a Visa Member Bank	No Cost (If applicable, there may be a Foreign Currency Conversion Fee. A fee may also be assessed by the financial institution and may vary from location to location.)
MoneyPass ATM	Free
Other Domestic ATM	\$2.50
International ATM	\$4.95
ATM Transaction Decline	\$1.00
Account Management	
ATM Balance Inquiry	\$0.50
Live Agent Bal Inquiry	\$0.50
IVR Balance Inquiry	Free
Foreign Exchange	3.5%
Paper Check	Free
Paper Statement	Free
Account Maintenance	\$5.95/month*

Additional Card	\$5.95
Lost/Stolen Card	\$9.95

*Account Maintenance Fee applies if card account has no activity: no purchases, no cash withdrawals, no load transactions, or no balance inquiry fee for 90 days.

Additional Information

Questions?

For any questions about how to sign up for new NetSpend card, or your direct deposit and payroll, please [Contact Us](#).

If you have any questions about the NetSpend Card, fees or how it works, contact NetSpend customer service:

Employers or Accountants

- Phone: 866.397.5643
- Email: qbemployers@netspend.com
- Website: www.netspend.com/intuitcustomer

Employees

- Phone: 855.967.2273
- Email: qbemployees@netspend.com
- Website: www.netspend.com/intuit

Welcome to ViewMyPaycheck!

Great news! You can now view your pay stubs online – anytime, anywhere.

ViewMyPaycheck (paychecks.intuit.com) is an online website created by Intuit that lets you view your pay stubs and other payroll info.

Don't have a computer? Don't worry! You can also access ViewMyPaycheck from your mobile device.

Here's some info to help you get started with ViewMyPaycheck.

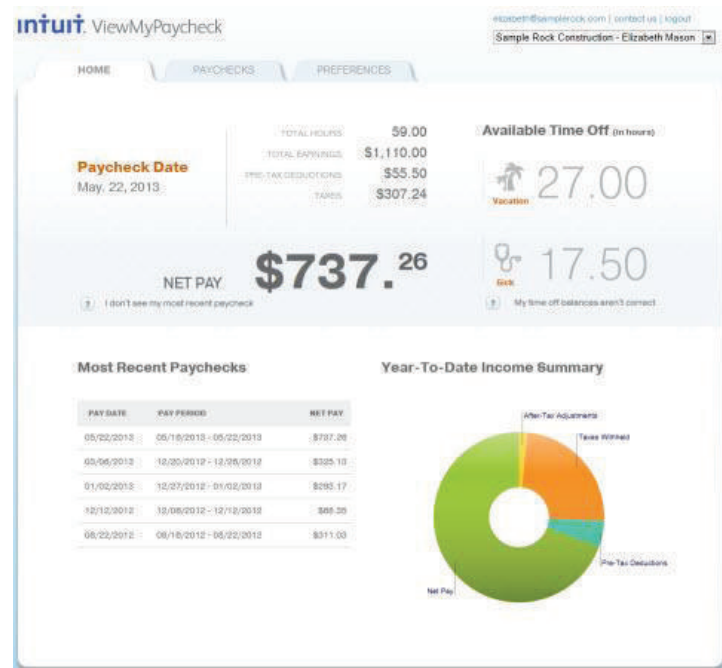
Get Started

To access ViewMyPaycheck, you'll need:

- **An Intuit account.** You may already have one if you use Intuit products like TurboTax or Quicken. If you don't have one, one will be created for you when you sign up.
- Your **Social Security number (SSN)** and the **net pay (your take home pay) from your last paycheck.** Be sure to have that handy – ViewMyPaycheck needs it to verify that you are who you say you are!

Then, do this:

1. Open a web browser and go to **paychecks.intuit.com**
2. Click **Sign Up**.
3. Enter your email address.
If you get a message that says **You already have an Intuit account associated with this user ID** then click the Sign In link and sign in to your existing Intuit account and skip to step 7.
4. Create and confirm a password you'll use when you sign in to ViewMyPaycheck.
5. Pick a security question. You may need this later if you forget your user ID and password.
6. Click **Sign Up**.
7. Enter your SSN and the net pay from your last paycheck.
Your net pay is the amount of your paycheck after all of the taxes and other deductions have been taken out.
8. Click **All Done!**



Next Steps

When you sign in, explore a bit. Here are a few highlights.

- 1** ViewMyPaycheck itemizes your current and year-to-date earnings and deductions so you always know how your paycheck was calculated and where your money is going.
- 2** Need a printed copy of your pay stub? No problem. Click **Save As PDF** to save a PDF copy of it to your computer and then print it for your records.
- 3** If you want to be notified any time a new pay stub is uploaded to ViewMyPaycheck, go to Preferences and click the **Send me an email when new pay stubs are available** checkbox.

The screenshot displays the Intuit ViewMyPaycheck interface. At the top, there are navigation tabs for HOME, PAYCHECKS, and PREFERENCES. The main content area shows a pay stub for Elizabeth Mason for the period of May 18 - May 22, 2013. The net pay is \$737.26. The interface includes a 'View paycheck' button, a 'Save As PDF' button, and a 'Send me an email when new pay stubs are available' checkbox. The pay stub details include earnings (Regular Pay, Overtime Pay, Double Overtime Pay, Sick Pay, Vacation Pay, Bonus) and taxes & deductions (FICA, Social Security, Medicare, CA Income Tax, CA State Disability Ins, PRE-TAX DEDUCTIONS, AFTER-TAX ADJUSTMENTS). A pie chart shows the breakdown of the net pay into After-Tax Adjustments, Taxes Withheld, and Pre-Tax Deductions.

EARNINGS	QTY & RATE	CURRENT	YEAR TO DATE
Regular Pay	40.00 @ \$10.00	\$400.00	\$1,750.00
Overtime Pay	2.00 @ \$15.00	\$30.00	\$105.00
Double Overtime Pay	1.00 @ \$20.00	\$20.00	\$40.00
Sick Pay	8.00 @ \$10.00	\$80.00	\$80.00
Vacation Pay	8.00 @ \$10.00	\$80.00	\$80.00
Bonus		\$500.00	\$500.00
Total	59.00 Hours	\$1,110.00	\$1,955.00

TAXES & DEDUCTIONS	CURRENT	YEAR TO DATE
FICA		
Federal Income Tax	\$188.00	\$254.70
Social Security	\$68.82	\$121.21
Medicare	\$18.10	\$28.35
CA Income Tax	\$45.22	\$47.88
CA State Disability Ins	\$11.10	\$19.55
Total	\$307.24	\$471.69
PRE-TAX DEDUCTIONS		
My 401k Deduction	\$55.50	\$97.75
Total	\$55.50	\$97.75
AFTER-TAX ADJUSTMENTS		
Blue Cross	\$10.00	\$30.00
Total	\$10.00	\$30.00
NET PAY	\$737.26	\$1,365.56

Need Help?

If you have questions about using ViewMyPaycheck, click the question mark icons (?) available on the ViewMyPaycheck website.

If you have questions about your paycheck, including how it's calculated, what shows up on the pay stubs, or when the money is deposited in your bank account (if you have Direct Deposit), please contact your employer.

Prepared by the Florida Health Care Association with the assistance of the Alzheimer Resource Center of Tallahassee, Florida to meet the statutory requirement of 400.4785(1) (a) F.S.

ALZHEIMER'S DISEASE (AD) AND RELATED DEMENTIAS

History

Alzheimer's disease (AD) was first discovered in 1906 by a German doctor named Alois Alzheimer. It is a disorder of the brain, causing damage to brain tissue over a period of time. The disease can linger from 2 to 25 years before death results. AD is a progressive, debilitating and eventually fatal neurological illness affecting an estimated 4-5 million Americans. It is the most common form of dementing illness.

Alzheimer's disease is characterized clinically by early memory impairment followed by language and perceptual problems. This disease can affect anyone - it has no economic, social, racial or national barriers.

Causes

There is no one cause for Alzheimer's disease. AD may be sporadic or passed through the genetic make-up. The disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells. The symptoms are progressive, but there is great variation in the rate of change from one person to another. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage is slowly destroying the brain cells. The hidden process damages the brain in several ways:

- Patches of brain cells degenerate (neuritic plaques)
- Nerve endings that transmit messages become tangled (neurofibrillary tangles)
- There is a reduction in acetylcholine, an important brain chemical (neurotransmitter)
- Spaces in the brain (ventricles become larger and filled with granular fluid)
- The size and shape of the brain alters - the cortex appears to shrink and decay

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing and controlling bladder and bowel functions. They become quite frail and prone to infections such as pneumonia.

Dementia vs. Normal Aging

As a person grows older, he/she worries that forgetting the phone number of a best friend must mean he/she is becoming demented or getting Alzheimer's disease. Forgetfulness due to aging or increased stress is *not* normal aging and is *not* dementia.

"Dementia" is an encompassing term for numerous forms of memory loss. There are many types of dementia such as Alzheimer's disease, Multi-Infarct dementia or Parkinson's disease. When a person has dementia, he/she will lose the ability to think, reason and remember and will inevitably need assistance with everyday activities such as dressing and bathing. Changes in personality, mood are also symptoms of dementia. Many dementias are treatable and reversible. Alzheimer's disease is the most common form of untreatable, irreversible dementia.

Alzheimer's Disease - Stages of Progression

Alzheimer's Disease can be characterized as having early, middle, and late stages through which the patient gradually progresses, but not at a predictable rate. The range of the course of the disease is 2-25 years. NOTE: Stages very often overlap. Everyone progresses through these stages differently.

First Stage: This is a very subtle stage usually not identified by either the impaired person or the family as the beginning signs of the disease. Subtle changes in memory and language along with some confusion occur at this time. The family usually denies or excuses the performance deficiencies at this stage.

- Forgetfulness/memory loss
- Impaired judgment
- Trouble with routines
- Lessening of initiative
- Disorientation of time and places
- Depression
- Fearfulness
- Personality change
- Apraxia (forgetting how to use tools and equipment)
- Anomia (forgetting the right word or name of a person)

Second Stage: As Stage 1 moves onto Stage 2, there is usually a particular significant event which forces the family (and impaired person) to consider that something is really wrong. At this time, they usually go to a doctor to diagnose the problem.

- Poor short-term memory
- Wandering (searching for home)
- Language difficulties
- Increased disorientation
- Social withdrawal
- More spontaneity, fewer inhibitions
- Agitation and restlessness, fidgeting, pacing
- Developing inability to attach meaning to sensory perceptions: (taste, touch, smell, sight, hearing)
- Inability to think abstractly
- Severe sleep disturbances and/or sleepiness
- Convulsive seizures may develop
- Repetitive actions and speech
- Hallucinations
- Delusions

Third (Final Stage): This stage is the terminal stage and may last for months or years. The individual will eventually need total personal care. They may no longer be able to speak or recognize their closest relatives.

- Little or no memory
- Inability to recognize themselves in a mirror
- No recognition of family or friends
- Great difficulty communicating
- Difficulty with coordinated movements
- Becoming emaciated in spite of adequate diet
- Complete loss of control of all body functions
- Increased frailty
- Complete dependence

COMMON PROBLEMS WITH DEMENTIA

Delusions

Suspiciousness: accusing others of stealing their belongings

People are “out to get them”

Fear that caregiver is going to abandon (results in AD person never leaving caregiver’s side)

Current living space is not “home”

Hallucinations

Seeing or hearing people who are not present

Repetitive actions or questions

They forget they asked the question

Repetitive action such as wringing a towel

Wandering

Pacing

Sundowning: trying to get “home”

Generally feeling uncomfortable or restless

Increased agitation at night

Losing thing/Hiding things

Simply do not remember where items are

Might hide things so that people don’t “steal” them

Inappropriate sexual behavior

Person with AD loses social graces and is only doing what feels good

Agnosia: inability to recognize common people or objects

A wife of forty years will become a stranger to the person with AD, he might even think she is the hired help

Might not recognize a spatula or the purpose of the spatula and/or cannot verbalize the name or purpose of the object

Apraxia: loss of ability to perform purposeful motor movements

Cannot tie a shoe or manipulate buttons on a shirt

Catastrophic reactions

(Causes) AD person often becomes excessively upset and can experience rapidly changing moods. The person becomes overwhelmed due to factors such as too much noise, too many people around, unfamiliar environment, routine change, being asked to many questions, being approached from behind.

(Reactions) AD person may become angry, agitated, weepy, stubborn or physically violent. It is best to attempt to avoid catastrophic reactions rather than dwell on how to handle them.

HANDLING DISTURBING BEHAVIORS

One of the most difficult challenges for caregivers is how to handle some of the disturbing behaviors that Alzheimer's can cause. Symptoms such as delusion, hallucinations, angry outbursts, suspiciousness, failure to recognize familiar people and places are often the most upsetting behaviors for families. The following points may help in responding to disturbing symptoms.

First, try to understand if there is a precipitating factor causing the behavior. Were there household changes, too much noise or activity, was the daily routine upset? Time of day can also affect behavior (Sundowning). Being aware of these factors can help to better plan activities or anticipate problems.

1. Keep tasks, directions and routine simple without being condescending
2. Always give the person plenty of time to respond
3. Attempt to remain calm and remind yourself that the behavior is due to the disease
4. Avoid arguing
5. Write down the answers to frequently asked questions, then remind them to look at the message
6. Reduce environmental noise: television, radio, too many people talking
7. Use distraction when unacceptable behavior starts: bring them into a different room, start talking about childhood or another favorite topic, show them magazines, ask them to help you do something like dusting or sweeping
8. Do not overreact or scold for problem behavior: redirect or distract
9. Be reassuring with touch, eye contact and tone of voice
10. Find the familiar: old pipe, favorite chair, family pictures
11. Avoid denying hallucinations: try non-committal comments like, "You spoke with your mother, I miss my mother too"
12. Be sure to inform physician of hallucinations, no matter how tame
13. Restless behavior or pacing is usually unavoidable, however you can make the environment safe by installing locks that are above reach, remove unnecessary obstacles, make sure the person is wearing some kind of identification

WSC ADVISORY #2017-024
CHOKING PREVENTION

ACTION REQUIRED

EFFECTIVE DATE: *IMMEDIATELY*

Choking Prevention

- Choking occurs when a person's airway becomes blocked by food or other objects, or when liquid enters the airway during swallowing. It is very important that people remain aware of choking hazards, know how to prevent choking and how to respond when a person appears to be choking.
- Best Practices include training staff members (and monitoring competency) in:
 - First aid and CPR
 - Providing a safe and calm dining atmosphere
 - Providing safe situations and locations for eating (e.g., avoid eating while agitated, laughing, yelling; not in moving vehicles or while walking, etc.)
 - Practicing appropriate response to choking scenarios (e.g., practice choking "drills")
- All food prepared must meet the requirements of the individual's specific diet consistency order, including liquids. If the individual does not have a specific diet order, but is having difficulty swallowing, the physician or speech therapist should be contacted.
- Some individuals may need more time to move food and liquid in the mouth into position for swallowing. Additional food should NEVER be placed into the mouth until after the first mouthful has been swallowed.
- For most individuals, the best position for eating is sitting as upright as possible with the hips at a right angle to the trunk.
- If behaviors such as food stealing, food stuffing, or food hoarding are present, they should be addressed by a behavior plan specific to the individual. The behavior plan should be followed at all times by staff and/or family.

Choking Risks and Causes

- Health issues that affect swallowing, or decrease gag reflexes (for instance: cerebral palsy, neurological impairments, gastroesophageal reflux, aging)
- Eating or drinking too fast and/or not chewing food completely
- Eating while talking and laughing or in unsettled environments
- Food-seeking and taking behaviors – from others, from storage or waste receptacles – and/or secretive eating
- Eating or drinking while under the effects of sedating medications or alcohol. Some anticonvulsants, sedatives, and psychotropic medications can make swallowing difficult.

- Not providing food and drink in the manner and consistency needed by an individual to prevent choking
- Not giving the individual the supervision and support they require while dining and at other times
- Not adhering to clear instructions on food consistency
- Some foods, such as meat (and especially hot dogs), bread, pizza, popcorn, and peanut butter are difficult to swallow and increase the likelihood of a choking emergency, whether the person has been identified to be at risk or not.
- Some foods can increase the risk of choking due to their shape, size, and tendency to eat in one bite. Examples would be: grapes, marshmallows, baby carrots, chunks of fruit, tortilla chips, hard candies.
- Hotdogs and sausages are especially dangerous. It is highly recommended that only skinless hotdogs and sausages be served. All hotdogs and sausages should first be cut lengthwise, and then modified to the food consistency in the diet order. Individuals who request whole hotdogs or sausage, or those in a natural casing, must be adequately supervised when they are served. Best practice is to evaluate on an individual basis for ability to consume whole hotdogs and sausages safely.

- Other tips:
 - Take small bites
 - Cut meat into small pieces
 - Chew food thoroughly
 - Tuck chin to chest when swallowing
 - Avoid talking and laughing with food in the mouth
 - Stay with individuals that have swallowing disorders, seizure disorder, or Alzheimer's disease or other dementias when they are eating
 - Be aware that what looks like a seizure could be choking, especially if it occurs at mealtime.

- Some signs of choking:
 - Grabbing throat with hands, pointing to throat
 - Cannot cough, speak, cry, or breathe
 - Gasp for breath
 - Waving the arms
 - Gagging
 - Continuous, unusual, or severe forceful coughing
 - If being fed, food may come out of nose, or dribble from mouth
 - Skin, lips, and nails turn red, then blue as oxygen levels drop
 - Agitation, distress, or panic
 - May abruptly leave table and run to another room
 - May vomit, due to gag reflex – this does not mean they are not still choking
 - If conscious and cannot cough, speak, or breathe, assume the airway is blocked
 - If unconscious, assume the airway is blocked
 - Noisy breathing or wheezing could mean the individual has a partially blocked airway (could become fully blocked)

If Choking Occurs

- STOP feeding immediately
- Sit the individual forward (if unable to sit, turn head to the side)
- Do NOT give water or fluids until symptoms subside
- Call for assistance immediately (911, if unable to cough, speak, cry, or breathe)
- Utilize the five back blows and abdominal thrust (Heimlich) maneuvers if needed, continuing alternately until:
 - The object is forced out
 - The person can forcefully cough or speak
 - The person becomes unconscious
- If the person becomes unconscious:
 - Lower to the floor
 - Look for the object the person is choking on, remove if possible, taking great care not to push object further into airway
 - Begin CPR, making sure that 911 has been called
- Aftercare for choking should always include assessment for aspiration, even if the obstruction was easily cleared and the individual goes back to their usual daily activity. Be on the lookout for cough and chest congestion, seek medical care if noted. Make sure the MD is informed about the choking event in all cases, but especially if respiratory compromise is noted.