# 20.6: Chapter 6 (Cognitive Impairments)

## Answer Key to Chapter 6 Learning Activities

### Scenario A

1. In the immediate postoperative period, it is important to assess for signs of infection, electrolyte imbalances, confusion related to new medications, and hypoxia.

2. Table 1

<table>
<thead>
<tr>
<th></th>
<th><strong>Dementia</strong></th>
<th><strong>Delirium</strong></th>
<th><strong>Depression</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Onset</strong></td>
<td>Vague, insidious onset; symptoms progress slowly</td>
<td>Sudden onset over hours and days with fluctuations</td>
<td>Onset often rapid with identifiable trigger or life event such as bereavement</td>
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<tr>
<td><strong>Symptoms</strong></td>
<td>Symptoms may go unnoticed for years. May attempt to hide cognitive problems or may be unaware of them. Often disoriented to time, place, and person. Impaired short-term memory and information processing. Confusion is often worse in the evening (sundowning)</td>
<td>Often disoriented to time, place, and person. Impaired short-term memory loss and information processing. Confusion is often worse in the evening</td>
<td>Obvious at early stages and often worse in the morning. Can include subjective complaints of memory loss</td>
</tr>
</tbody>
</table>
Based upon the patient's sudden exacerbation of symptoms, she would most likely be exhibiting signs of delirium related to her recent surgery.

3. Interventions include the following:

- Control the environment. Make sure that the room is quiet and well-lit, have clocks or calendars in view, and encourage family members to visit.
- Administer prescribed medications, including those that control aggression or agitation and pain relievers if there is pain.
- Ensure the patient has their glasses, hearing aids, or other assistive devices for communication in place. Lack of assistive sensory devices can worsen delirium.
- Avoid sedatives. Sedatives can worsen delirium.
- Assign the same staff for patient care when possible.

Scenario B

1. Symptoms of moderate Alzheimer's disease include the following:

- Require assistance with reminders to eat, wash, and use the restroom.
- Lack of recognition of family and friends.
- Behavioral symptoms such as wandering, getting lost, hallucinations, delusions, and repetitive behavior may occur.
- Patients living at home may engage in risky behavior, such as leaving the house in clothing inappropriate for weather conditions or leaving on the stove burners.

2. Additional assessments would include assessing for signs of physical discomfort, changes in the environment that may be contributing to the increased anxiety or confusion, and communication pattern.

3. Strategies for therapeutic response:

- Back off and ask permission before performing care tasks. Use calm, positive statements, slow down, add lighting, and provide reassurance. Offer guided choices between two options when possible. Focus on pleasant events and try to limit stimulation.
• Use effective language. When speaking, try phrases such as, "May I help you? Do you have time to help me? You’re safe here. Everything is under control. I apologize. I’m sorry that you are upset. I know it’s hard. I will stay with you until you feel better.”

• Listen to the person’s frustration. Find out what may be causing the agitation, and try to understand.

• Check yourself. Do not raise your voice, show alarm or offense, or corner, crowd, restrain, criticize, ignore, or argue with the person. Take care not to make sudden movements out of the person’s view.

4. Medications may include the following:

• Donepezil (Aricept), approved to treat all stages of Alzheimer’s disease
• Galantamine (Razadyne), approved for mild-to-moderate stages
• Rivastigmine (Exelon), approved for mild-to-moderate stages
• Memantine (Namenda) and a combination of memantine and donepezil (Namzaric) are by approved the FDA for treatment of moderate to severe Alzheimer’s.

Answers to interactive elements are given within the interactive element.