Case Study
Mr. Aponi
Neuro/ Dementia Vs Delirium

85 year old, Native American male living in a long-term care facility. Wife passed away 5 years ago and he has no children. Preexisting condition is progressive dementia over the past seven years. Unable to care for himself independently due to cognitive decline and has urinary incontinence. Impaired communication secondary to altered mental status.

Client Profile
Mr. Aponi has a history of dementia. His dementia limits his ability to respond appropriately to questions and at times Mr. Aponi is easily agitated and resistant to nursing care. He refuses to take his medications, spitting them back out, gripping the bedside rail when the nurse tries to turn him, and yelling out for his wife to save him.

Case Study
Aponi is an 85 year old man with a history of dementia. He is a resident of a long-term facility. Mr. Aponi’s frequent incontinence necessitates the development of therapeutic communication to facilitate activities of daily living (ADL) care and frequent skin hygiene. The nurse caring for Mr. Aponi for the first time soon learns that talking slowly and softly is the most effective way of focusing the client’s attention and prompting him to follow basic instructions such as turning side to side. The nurse feels uneasy about speaking to Mr. Aponi as if he were a child in some ways. However, the nurse finds that this manner of speech keeps Mr. Aponi calm and that he responds well to praise and compliments and that he is very helpful to the nurse in assisting with his own care.

On the second day of caring for him, the nurse notes that Mr. Aponi is more agitated and needs frequent reorientation regarding where he is. The nurse needs the assistance of another person to hold Mr. Aponi’s arm steady while assessing his blood pressure since Mr. Aponi keeps pulling his arm away yelling “no”. At one point in the day, Mr. Aponi tells the nurse, “There was a little boy in the room a minute ago. Where did he go?” The nurse knows there was not a little boy in the room, but does not know how to respond. The nurse ignores Mr. Aponi’s comment and redirects his attention to what is on television.

When saying good-bye to Mr. Aponi at the end of the second day, the nurse is disappointed that Mr. Aponi does not seem to recognize the nurse nor remember that the nurse has been caring for him for the past two days. The nurse is saddened to see him so confused and is emotionally exhausted after two days of responding to his frequent changes in behavior.

Questions:
1. The nurse caring for Mr. Aponi overhears another nurse state, “Well of course he is confused. He is 85 year old.” How should Mr. Aponi’s nurse respond?
2. Discuss the characteristics that define delirium and dementia. What is the principal difference between the diagnoses of delirium and dementia?
3. Describe the following strategies for caring for a confused client: validation, reality orientation, redirection, and reminiscence.
4. Explain why Mr. Aponi may state, “There was a little boy in the room a minute ago. Where did he go”? Which of the above strategies (in question 3) would be most effective in responding to his statement?
5. What are three nursing diagnoses appropriate for Mr. Aponi’s plan of care?
6. Discuss the importance of nonverbal communication when communicating with a person who is confused and agitated. Consider Mr. Aponi’s ethnicity.