PROPOSAL FOR A NURSING CARE PROTOCOL FOR DEMENTED ELDERLY
PROPOSTA DE PROTOCOLO DE ASSISTÊNCIA DE ENFERMAGEM AO IDOSO DEMENCIADO
PROUESTA DE PROTOCOLO DE ATENCIÓN DE ENFERMERÍA AL ANCiano CON DEMENCIA

ABSTRACT

Objectives: to characterize demented elderly in a socio-demographic context, functional capacity, dementia staging, and to propose a protocol for demented elderly care. Method: cross-sectional, descriptive study with 32 elderly and caregivers interviewed at Elderly Medicine Center, University Hospital of Brasilia, Brazil. Data collection was obtained by consulting medical records of elderly involved in the study and the results were analyzed according to the following instruments: Mini Mental State Examination, Lawton Instrumental Activities of Daily Living Scale and Katz Basic Activities of Daily Living Scale. The research project was approved by the Research Ethics Committee, protocol 147/2011. Results: mean age of 75.4 years, women (75 %) and married (56.3 %). Average education level and MMSE were 4.2 years and 14.3 (p<0.001); 62.6 % elderly with mild dementia, 53.1 % were independent for BADL and 46.9 % were semi dependents for IADL. Conclusion: Geriatric nursing care planning is important to improve the quality of life of demented patients and their caregivers. Descriptors: Elderly; Dementia; Nursing Care.

RESUMO

Objetivos: caracterizar idosos demenciados no perfil sociodemográfico, capacidade funcional, estádio da demência e propor um protocolo para atendimento a idosos demenciados. Método: estudo transversal, descritivo com 32 idosos e cuidadores, entrevistados no Centro de Medicina do Idoso do Hospital Universitário de Brasília. Para coletar os dados realizou-se consulta dos prontuários médicos dos idosos envolvidos analisando os resultados dos seguintes instrumentos: Mini-Exame do Estado Mental, Escala de Atividades Instrumentais de Vida Diária Lawton, e Escala de Atividades Básicas de Vida Diária Katz. O projeto de pesquisa foi aprovado no Comitê de Ética em Pesquisa, protocolo 147/2011. Resultados: média de 75,4 anos, mulheres (75%) e casados (56,3%). Médias de escolaridade e MEEM foram de 4,2 anos, e de 14,3 (p<0.001); 62,6% idosos com demência leve, 53,1% independentes para ABVDs e 46,9%, semdependentes para AIADs. Conclusão: a importância do planejamento da assistência de enfermagem na área da gerontologia para melhorar a qualidade de vida de pacientes demenciados e seus cuidadores. Descriptors: Idosos; Demência; Cuidados de Enfermagem.

RESUMEN

Objetivos: caracterizar ancianos con demencia en un contexto sociodemográfico, su capacidad funcional, estado de demencia, y proponer un protocolo de cuidados a ancianos con demencia. Método: estudio transversal, descriptivo con 32 ancianos y cuidadores entrevistados en el Centro de Medicina del Anciano del Hospital Universitario de Brasilia, Brasil. Los datos fueron recolectados a través de la consulta a los archivos médicos de los ancianos involucrados en el estudio y los resultados fueron analizados mediante los siguientes instrumentos: Mini-Examen del Estado Mental, Escala de Actividades Instrumentales de la Vida Diaria de Lawton y Escala de Actividades Básicas de la Vida Diaria de Katz. El proyecto de investigación recibió la aprobación del Comité de Ética en Investigación, bajo el protocolo 147/2011. Resultados: promedio de edad de 75,4 años, mujeres (75%) y casados (56,3%). El nivel medio de educación fue 4,2 años, el coeficiente medio en el MMSE 14,3 (p<0.001), 62,6% eran de ancianos con demencia leve, 53,1% independencia para ABVD y 46,9% semi-dependientes para AIVD. Conclusion: la planificación de la asistencia geriátrica de enfermería es importante para mejorar la calidad de vida de los pacientes con demencia y sus cuidadores. Descriptors: Ancianos; Demencia; Atención de Enfermería.

English/Portuguese

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INTRODUCTION

In recent years, there has been a significant demographic change in relation to the longevity of the world’s population. This rate has greatly increased, which means a higher number of elderly. Consequently, the incidence of age-related diseases has also increased. Some of the most terrifying of these diseases are progressive dementia disorders. Engaged in this reality, nurses who work in gerontology are challenged by the multidisciplinary team as well as by the patients’ relatives, with a view to specialized nursing care for demented elderly and with a view to family/caregiver support. This is due not only to the increased number of dementia cases, but especially to the commitment of nursing to human care.

The nurse is one of the most required professionals during the 10 to 15 years in which the disease progresses, guiding the adaptation of care to the progressive dependence of the elderly; the family’s instrumentalization for care, and encouraging self-care and the preservation of self-esteem in the elderly/family. Such nursing actions are identified mainly in outpatient care, delivered in private or public services specialized in demented elderly and their family caregivers. The Elderly Medicine Center of the University Hospital of Brasilia is a reference center for this specialty and counts on a multidisciplinary work team specialized in elderly demented patient care.

Opened in 2002, the Elderly Medicine Center of the University Hospital of Brasilia (EMC/UHB) provides humanized treatment to the patients and their family. After undergoing a screening, elderly with dementia are assisted by a geriatrician, a dentist, a speech therapist, an occupational therapist, a physiotherapist, a psychologist and by professionals in the neuropsychology, nutrition and pharmacy areas. Next, they are referred to specific groups working with painting, choral and cognitive stimulation. However, the unit does not have professional nurses on its team, only volunteer nursing students, coordinated by a professor with specialization in gerontology, providing orientations after the medical consultation on the day of screening.

The systemization and computerization of nursing care data collection permit guaranteeing the quality of care, administration, research and of the foundations for this care. The importance of the minimum (or essential) nursing dataset in the evaluation of demented elderly health makes nursing care planning and managing easier, favoring the evaluating of changes in the status of elderly and caregivers and providing an appropriate care plan. Therefore, there is a need for systematic nursing care actions, prioritizing those related to the activities of daily living and to the prevention of disabilities and complications, together with the education of the relatives of the patients seen at the EMC, favoring and adding any benefit the elderly and their relatives deserve when seen by the nursing staff in this service.

The study’s aims:

- To characterize demented elderly in a socio-demographic context, functional capacity and staging of dementia through medical records
- To propose a protocol for nursing care in the screening of elderly patients seen at the Elderly Medicine Center of the University Hospital of Brasilia.

METHODS

Descriptive cross-sectional study of 32 elderly and their caregivers, who received nursing orientations by the group of nursing students and professors of the Elderly Medicine Center (EMC) at University Hospital of Brasilia, on Fridays, in the first semester of 2012, at the time of screening, i.e., the first contact of the elderly and caregiver with the reference unit. During the consultation, the instruments for data collection, which comprised socio-demographic variables of the elderly (gender, age, education, marital status, nationality, origin, people they live with), were applied in order to know the profile of this population and to propose a nursing care protocol.

Medical records of elderly involved in the study were accessed for data collection and the results were analyzed according to the following instruments: Mini Mental State Examination (MMSE), Lawton Instrumental Activities of Daily Living (IADL) and Katz Basic Activities of Daily Living Scale, instruments widely known and used in elderly health. The identification of the stage of dementia was also consulted.

Departing from this population’s previous knowledge, this study also involved a methodological research on the development of a data collection instrument to follow the demented elderly and their caregivers.

The MMSE is a scale developed in the United States, which was translated and validated for Brazil. Its aims are to assist in the investigation of possible cognitive deficits.
in individuals with chances of developing dementia. This test consists of several questions, grouped into seven categories, each designed to assess specific cognitive functions: time orientation (5 points), space orientation (5 points), immediate memory (3 points), attention and calculation (5 points), recall, three-word memory (3 points), language (8 points) and visual constructive skills (1 point).

The ADLs involve the Basic Activities of Daily Living (BADL) related to self-care, such as: feeding, bathing, dressing, grooming, mobilizing and keeping control on their elimination, as well as the Instrumental Activities of Daily Living (IADL), which include the ability to prepare meals, do shopping, use public transportation, housekeeping, use telephone, manage their own finances, take their medication. The Katz Index measures independence in the performance of six functions related to self-care, classifying the elderly as dependent or independent. This scale has proven useful to evidence the dynamics of the installation of disability during the aging process, to establish prognoses, to evaluate care demands and the effectiveness of treatments, besides contributing to teach the meaning of “help” in rehab. The scale results are letters representing the number of activities that each individual is able to perform by himself, as follows: A for no loss, B for one loss, until G, which indicates loss in the six basic activities of daily living and also indicates total dependence on the caregiver.

The Lawton Scale assesses functional performance of the elderly in terms of instrumental activities that enable them to have an independent life. Therefore; this scale assesses instrumental activities of daily living. The highest scale score is 21, which characterizes an independent individual, and lower scores are related to the degree of dependence.

The results of the instruments used for the study of the elderly and caregiver were analyzed using the Statistical Package for Social Science application (SPSS) version 20.0, through descriptive, univariate (frequencies tables) and bivariate (contingency tables for qualitative variables) analyses. The means of categorical variables were statistically analyzed by Student’s t test and ANOVA as a comparison factor of more than two groups. Associations were considered statistically significant when p<0.05.

The project was evaluated and approved by the Research Ethics Committee of the Faculty of Health Sciences, University of Brasilia under registration 147/11 on March 16th, 2012.

**RESULTS**

From this first moment, when the team of nursing students and the professor had contact with the elderly and their caregivers at EMC, it was possible to design the profile of the elderly and to suggest strategies for monitoring the binomial elderly/family caregiver.

After evaluation, the data showed that the elderly’s mean age was 75.4 years old (+7.2), minimum 60 years old and maximum 95 years old, with a predominance of women (75%) and married (56.3%). Average education level was 4.2 years. Table 1 shows the results of the elderly attended at EMC of HUB regarding to gender. It is observed that, among women, the majority is 80 years old or older, married followed by widows, who studied 1-4 years and who live mainly in trigenerational arrangements (son, grandson and great-grandson). As for men, they are also represented, mostly by elderly people aged 80 years or older, married, many illiterate and who studied 5-8 years and mainly live with their wife.
Table 1. Distribution of the elderly at the Elderly Medicine Center, University Hospital of Brasilia according to age, gender, marital status, education, and people they live with. Brasilia, DF, 2011. (n = 32)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range (average=75.4)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60 - 64 years old</td>
<td>13.0</td>
<td>2</td>
<td>25.0</td>
<td>12.8</td>
</tr>
<tr>
<td>65 - 69 years old</td>
<td>17.4</td>
<td>2</td>
<td>25.0</td>
<td>6</td>
</tr>
<tr>
<td>70 - 74 years old</td>
<td>13.0</td>
<td>0</td>
<td>3</td>
<td>9.7</td>
</tr>
<tr>
<td>75 - 79 years old</td>
<td>21.7</td>
<td>1</td>
<td>12.5</td>
<td>6</td>
</tr>
<tr>
<td>80 years or older</td>
<td>39.3</td>
<td>3</td>
<td>37.5</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>74.2</td>
<td>8</td>
<td>25.8</td>
<td>32</td>
</tr>
<tr>
<td>Marital status</td>
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<tr>
<td>Married</td>
<td>45.8</td>
<td>7</td>
<td>87.5</td>
<td>18</td>
</tr>
<tr>
<td>Widowed</td>
<td>29.2</td>
<td>1</td>
<td>12.5</td>
<td>8</td>
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<tr>
<td>Single</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Divorced</td>
<td>25.0</td>
<td>0</td>
<td>0</td>
<td>6</td>
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<tr>
<td>Education level Average=4.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Illiterate</td>
<td>12.5</td>
<td>3</td>
<td>37.5</td>
<td>6</td>
</tr>
<tr>
<td>1-4 years</td>
<td>62.5</td>
<td>2</td>
<td>25.0</td>
<td>17</td>
</tr>
<tr>
<td>5-8 years</td>
<td>16.7</td>
<td>3</td>
<td>37.5</td>
<td>7</td>
</tr>
<tr>
<td>9-11 years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 years or more</td>
<td>8.3</td>
<td>0</td>
<td>2</td>
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<tr>
<td>People they live with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>12.5</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Only with spouse</td>
<td>8.3</td>
<td>5</td>
<td>62.5</td>
<td>7</td>
</tr>
<tr>
<td>Spouse and sons(s)</td>
<td>4.2</td>
<td>1</td>
<td>12.5</td>
<td>2</td>
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<tr>
<td>Spouse, children, son and daughter-in-law</td>
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<td>0</td>
<td>1</td>
<td>3.1</td>
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<td>Only with children</td>
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<td>1</td>
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<td>6</td>
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<td>1</td>
<td>12.5</td>
<td>11</td>
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<tr>
<td>Other</td>
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<td>0</td>
<td>2</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Concerning the etiology of dementia, the most prevalent were apparent Alzheimer’s disease (59.4%), Alzheimer’s disease + vascular (21.9%), followed by vascular dementia (18.8%). Regarding the staging of dementia and functionality, the majority, 20 (62.6%), had mild dementia, 5 (15.6%) had moderate dementia and 7 (21.9%) severe dementia.

In relation to functional capacity, according to the Katz and Lawton scales, 17 (53.1%) elderly were classified as independent for BADL, 7 (21.9%) were semi-dependent and 8 (25%) were dependent. For IADL, 3 (9.4%) were classified as independent, 15 (46.9%), as semi-dependent and 14 (43.8) as totally dependent.

The principal caregivers (family 100%) were represented mainly by elderly’s children (60%) and spouses (22.9%). As regards nursing instructions, according to the needs of elderly and caregivers at this first evaluation moment, the main ones were: instructions about prescribed medications (62.5%), risk and prevention of falls (31.3%), food and hydration (28.1%), skin care (18.8%) and preventing or even alleviating constipation (12.5%).

DISCUSSION

Aging is a differential phenomenon between men and women, since women live longer when compared to men. Examining Table 1, we can observe in the distribution of the elderly screened at EMC, the predominance of women and elderly of more advanced aged, with an overall average age of 75.4 years, similar to other studies.4-10

Regarding the marital status of the interviewees, we highlight that most women and men are married and 29.2% of women are widows. Similar findings were reported in another study, in which the female population remained unmarried, after widowhood, more frequently when compared to males. Differences by gender regarding marital status, according to the authors, are due to the women’s greater longevity. On the other hand, the social and cultural rules prevailing in Brazilian society make men marry younger women, and remarriage rates for elderly widowers are higher than for elderly widows.10

As for education, it has been observed that most of the studied population attended school from one to four years. In the early twentieth century, Brazil had high rates of school retention comparing to other Latin American countries, for example, 57.4% dropped out in the passage from 1st grade to 2nd grade of elementary school. The recurrent repetition and school evasion reached considerable proportions in Brazil, and of every 100 children enrolled in grade 1, only 16 concluded the four grades of primary education without failing.11

With regard to home arrangements and people the elderly live with, as shown in Table 1, most live with their spouse and/or children, a fact indicative of an important family support network for the elderly with dementia. Another study, carried out with elderly elder from Ribeirão Preto, showed a...
predominance of elderly residing with spouse, followed by those living with their children. The home arrangements consisting of more than one generation ensure the elderly care due to physical or financial incapacity, unemployment of the elderly’s children, death of a spouse, divorce or marriage of elderly's children. Co-residence benefits both the elderly and the younger generations.\textsuperscript{12}

In this study, the etiology identified showed Alzheimer’s disease as the most prevalent, followed by vascular dementia. These data are consistent with most dementia prevalence studies.\textsuperscript{13, 14}

Regarding the functional capacity, most of the elderly screened corresponded to independent elderly for BADL and dependent for IADL. Another study evaluated the functional capacity of the elderly from Belo Horizonte through the reports (not to be able) of disability to perform at least one of the following activities of daily living: eating, dressing, toileting, bathing and getting up from a chair without support, and it showed that 84% of them were totally independent for these activities. The elderly’s independence is directly related to their ability to develop the DLAs without assistance, to the autonomy and freedom to decide on their own, managing their lives.\textsuperscript{15} The elderly may be dependent, requiring help for their self-care, but still preserving their autonomy. Functional capacity means not only the ability to perform routine tasks, but also the preservation of mental activities and the possibility to integrate socially.\textsuperscript{16}

Studies on the elderly functionality show that BADL are the last ones to be compromised as a result of aging or health problems. In a ranking of complexity, the advanced activities (AAVDs) are compromised first, followed by the instrumental activities (IADL) and, finally, BADL, which are closely related to self-care activities.\textsuperscript{16, 17} Thus, it was possible to briefly characterize a portion of the demented elderly seen in the second half of 2011 at EMC of the UHB to permit the construction of the nursing evaluation and monitoring instrument for the demented elderly and their caregivers.

\textit{Proposal for a nursing care protocol for the demented elderly}

In Brazil, services count on the participation of nursing professionals for evaluation and care to demented elderly and their caregivers and provide for people with Alzheimer’s disease, among them the Behavioral Neurology Outpatient Clinic (ANC P) of the University Hospital at the University of São Paulo at Ribeirão Preto School of Medicine

stands out. The ANCP proposes activities at the institution with greater involvement of the multidisciplinary team to provide comprehensive care to the elderly with dementia and their families. The objectives are to make the staff use standardized instruments to identify the clinical, functional, social and cognitive diagnosis of elderly, as well as to have a planned formal and informal support network in order to develop interventions together, at the institution, with internal and external services (family visits) and with family participation, coordinated mainly by nurses.\textsuperscript{17}

Another program is the guidance for elderly caregivers at home, performed by the Elderly Care Group (GRASI), of the University Hospital of the State University of Campinas, which was based on reports of the difficulties faced by the relatives of elderly and presented by nurses, geriatricians and psychologists belonging to the service. At the end of the activities, participants reported that the program provided the best way to face difficulties, the understanding of the distinct changes present in aging, and the development of the procedures that facilitate the daily relationship with the elderly.\textsuperscript{18}

The Health Teaching Center of the Faculty of Medicine of Botucatu - UNESP also has a program to support demented elderly and caregivers, whose general objective is to preserve their life quality and to provide better elderly care conditions, in the presence of a professional nurse. At the first meeting of each group (10-20 participants), evaluation scales of the physical and emotional impact on caregivers are applied, and reapplied at the end of the program, in order to detect possible changes. The data indicate favorable changes in the expression of feelings, establishment of limits and resumption of recreation activities.\textsuperscript{19}

Another example is the extension project called "Interdisciplinary Care to the Elderly in Primary Care - PAINP", created in the city of Londrina, UEL (State University of Londrina), by Professors of medicine, nursing, social services, dentistry and physiotherapy, in September 2005. This corresponds to an interdisciplinary program of a basic and objective care to the elderly. The care for the elderly with high-level dependency was defined as a priority. The most complex cases are discussed monthly in meetings involving all professors, which guarantees training due to the interdisciplinary discussion in the search to solve the problems. The caregiver group’s monthly meetings develop themes of
common interest through the exchange of experience between caregivers and team.20

The University Hospital of the Federal University of Maranhão maintains the project “Caring for the Caregiver”, whose objective is to offer to these professionals the opportunity to benefit from health actions. Outpatient care to elderly and caregivers is offered in various medical specialties with the presence of the nurse. For the authors of the project, taking care of these individuals means recognizing that each contributor is a key part of the excellence of dependent elderly care.21

Such initiatives emphasize nurses’ actions, favoring a better quality of life for the elderly and enriching the caregivers’ work, although much remains to be done, mainly involving nursing professionals in the support to caregivers.22

After knowing the profile of demented elderly attended at EMC, together with the function and potential of professional nurses with regard to comprehensive health care to the elderly, mainly in the promotion of the health process, disease prevention and rehabilitation of the elderly, we were able to elaborate a proposal for systematic nursing care, aiming for a specific assessment of the elderly and their caregivers at the time of screening, and preparing care plans accordingly.

To elaborate the instrument for collecting standardized data (Table 1), we identified the minimum dataset that could provide sufficient and necessary information in the initial assessment of the elderly. These data can help nurses to identify the overall health of the elderly, and may provide the basis for nurses to take their decisions in the elaboration of more effective care plans, significantly improving the care quality of the patients mentioned.

The formal instrument (Figure 1) has five sections, the first related to socio-demographic data of the elderly with questions related to the name, register, address, telephone number, date of birth, age, sex, marital status, origin, place of birth, individual and family income, people they live with, primary and secondary caregiver. The second section contains questions related to the functional (Katz, Lawton) and cognitive assessment (MMSE).

In the third section, the physical examination is briefly described (vital signs, weight, height, BMI, diseases, visual and hearing abilities). In section IV, there are data related to lifestyle habits, such as diet (Mini Man), if the person smokes, if the person consumes alcoholic beverages and practices physical activity. The last section, the fifth, contains the nursing guidelines according to the need of each elderly and caregiver, dealing with subjects such as medications, constipation, nutrition/hydration, prevention of falls, urinary/fecal incontinence, sleep hygiene, skin care, elderly and caregiver recreation, caregiver burden and the importance of physical exercise.
# ELDERLY ASSESSMENT FORM - SCREENING - NURSING

## I SOCIO-DEMOGRAPHIC DATA OF THE ELDERLY

**Patient name: ____________________________ **

**Home address: ____________________________**

**Contact telephone:** ____________________________

**Date of Birth:** _/__/19 ______ **Current Age:** ______ years **Sex:** (1) male (2) female

**Marital Status:** (1) single (2) married (3) widower (4) sep (5) cohabiting **Education:** ______ years

**Origin:** ____________________________ **Place of birth:** ____________________________

**Which of these incomes do you gain?** (1) Yes (2) No

- ( ) Retirement income
- ( ) Pension
- ( ) Rent
- ( ) Own work, which?
- ( ) Donations
- ( ) Other

**Approximate monthly income in R$: Considering a Minimum Wage (MW) 2012 = R$ 622.00**

- Individual ( ) Gross: ________________
- ( ) 1 to 3 MW
- ( ) 4 to 6 MW
- ( ) 7 or more MW

- Family ( ) Gross: ________________
- ( ) 1 to 3 MW
- ( ) 4 to 6 MW
- ( ) 7 or more MW

**You live with:**

- (1) Alone
- (2) Only with spouse
- (3) Spouse and children
- (4) Spouse, children, son/daughter-in-law
- (5) Spouse, children and grandchildren
- (6) Only with children
- (7) Children/son, daughter-in-law, grandchildren
- (8) With children/son, daughter-in-law
- (9) Siblings or other elderly
- (10) Other

**Primary caregiver:** Name: ____________________________

- (1) Spouse or partner
- (2) Son/ Daughter
- (3) Brother/Sister
- (4) Daughter/son-in-law
- (5) Grandson/-daughter
- (6) Friend or neighbor
- (7) Hired professional
- (8) Other
- (9) Not applicable

**Secondary caregiver:** Name: ____________________________

- (1) Spouse or partner
- (2) Son/ Daughter
- (3) Brother/Sister
- (4) Daughter/son-in-law
- (5) Grandson/-daughter
- (6) Friend or neighbor
- (7) Hired professional
- (8) Other
- (9) Not applicable

## II FUNCTIONAL, EMOTIONAL, COGNITIVE ASSESSMENT AND RISK OF FALLS

### BADL (Katz): (1) Independent (2) Semi-dependent (3) Dependent

- Bath ( ) Grooming ( ) Personal Hygiene ( ) Transfer ( ) Continence ( ) Food ( )

**Total Score:** ______

### IADL (Lawton): (1) Independent (2) Semi-dependent (3) Dependent

- Phone usage ( ) Use of transport ( ) Prepare meals ( ) Housekeeping ( ) Manual work ( )
- ( ) Laundry and ironing ( ) Taking medicines ( ) Dealing with finances ( )

**Total score:** ______

### MMSE: Total Score: __________

( ) Illiterate; ( ) 1 to 8 years school; ( ) 9 to 18 years school; ( ) 9 to 18 years school

### III - PHYSICAL EXAMINATION

- **Weight:** __________ **Height:** __________ **BMI:** __________
- **SSV:** Blood Pressure ______ mmHg **Heartbeat:** __________ bpm

**Diseases:**
- (1) Dyslipidemia
- (2) Hypertension
- (3) Diabetes
- (4) Heart Disease
- (5) Osteoporosis
- (6) Arthritis/Osteoarthritis
- (7) Other

**Visual acuity:** (0) Good (1) poor (Snellen test) **Hearing acuity:** (0) Good (1) poor (Test whisper)

## IV - HABITS OF LIFE

1. **Mini Nutritional Assessment of the Elderly (Mini Man)**

- (1) well nourished (2) Risk of malnutrition (3) Malnutrition

2. **Smoker?** (0) no (1) yes (2) ex-smoker

- If yes, how many cigarettes you smoke per day?
- (1) less than 10 (2) 10 to 20 (3) more than 20

3. **Consume alcoholic beverages?**

- (0) no (1) yes. If yes, how often?
- (1) a glass / day (2) more than 1 until 3 glasses / day
- (3) More than 3 until 4 glasses / day (4) less than 1x/week
- (5) other.. What drink? ____________________________

## V NURSING GUIDELINES

<table>
<thead>
<tr>
<th>No.</th>
<th>Nursing intervention</th>
<th>Risk factors</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medication</td>
<td></td>
<td>(1) Yes (0) No</td>
<td>(6) Sleep hygiene</td>
</tr>
<tr>
<td>2</td>
<td>Constipation</td>
<td></td>
<td>(1) Yes (0) No</td>
<td>(7) Skyn care</td>
</tr>
<tr>
<td>3</td>
<td>Food / hydration</td>
<td></td>
<td>(1) Yes (0) No</td>
<td>(8) Recreation</td>
</tr>
<tr>
<td>4</td>
<td>Prevention of falls</td>
<td></td>
<td>(1) Yes (0) No</td>
<td>(9) Caregiver Guidance</td>
</tr>
<tr>
<td>5</td>
<td>Incontinence urinary/fecal</td>
<td>(1) Yes (0) No</td>
<td>(10) Physical Activity</td>
<td>(1) Yes (0) No</td>
</tr>
</tbody>
</table>

Figure 1. Nursing evaluation form the demented elderly attended at the Elderly Medical Centre (EMC) of the University Hospital of Brasilia (UHB)

English/Portuguese

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We intended to implement a proposal for the continuity of nursing care after this first evaluation, in order to strengthen activities such as training and development of self-help groups, inviting elderly caregivers identified in the EMC for regular meetings (weekly, biweekly, or other period) according to the needs and possibilities of the group constituted to promote the reception of caregivers and to assist them through a program defined specifically to address current themes and teaching needed according to the particular context of each caregiver.

The elderly caring task requires almost exclusive dedication from the caregiver, especially if they are elderly patients with disabling diseases. Often, the caregiver quits his activities to the detriment of the care needs, and many quit their jobs and occupations, stop living their own lives, and few get the help of others to share this care task.

Nurses have t act in elderly care and support the caregiver, especially in situations of cognitive and functional dependence, such as positioning in bed, bathing, feeding, guidelines regarding medications, prevention of falls and other needs. The caregiver, together with the whole family, should be prepared to avoid feelings of guilt, frustration, anger, sadness, depression and other feelings that accompany this responsibility, with the help of health professionals, primarily nurses.

Thus, after proposing the nursing assessment instrument (Figure 1) together with the activities for care continuity at the Elderly Medicine Center, we intend to implement them in order to strengthen the presence of the nursing staff.

**CONCLUSION**

Cognitive commitment directly affects the elderly’s daily life, influencing the caregiver’s life, entailing the need for knowledge on caregiving activities. Holistic personalized care is a principle that should support the philosophy of all elderly services. Acceptance, respect and affection in order to enhance self-esteem and interest of the elderly in life are basic principles of those who believe in aging as a social conquest and in the construction of an efficient and supportive social-health care network to support the demands of an aging population.

The nurses are key professionals to promote comprehensive care to individuals with dementia, due to their ability to deal with the health of the elderly, caregiver and family, always aiming to promote a more worthy and high-quality life to all. Therefore, the planning of formal and informal support strategies is suggested to geriatric services, coordinated by nurses, with a view to health care for elderly patients and for the caregivers of demented elderly.

**REFERENCES**


Gratão ACM, Fonseca GPS, Parreira CO et al.

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Corresponding Address
Aline Cristina Martins Gratão
SHIN, CA 02, Bloco E, Ap. 302
Bairro Lago Norte
CEP: 71503-502 – Brasília (DF), Brazil