



Isolation Activity of the week: Brain Boosters

Items Needed:

- Word puzzles, games, searches from easy to difficult
- Trivia questions from the past
- Pictures of items residents may remember from the past

Procedure:

- Each day of the week can be a different brain booster activity. These can be completed individually or as a group over the PA system or a staff member can be outside of a few rooms to engage residents at a distance.
 - Monday: cross-word or word search games based on memory lane themes from the past.
 - Tuesday: residents fill in the blanks from questions or songs from a certain era.
 - Wednesday: residents can take pictures of items that staff prepare ahead of time and name them, i.e. poodle skirt or old telephone
 - Thursday: staff bring around a 'price is right' type activity where residents guess how much things were in certain years IE: eggs were 15 cents a dozen in 19...
 - Friday: staff print off an old newspaper article and have residents circle certain words within the article.
- Staff can adapt the tasks to meet the needs of each resident's ability. See your therapy department for modification ideas.

Idea Credit: Sagely Webinars 3/26/20

Clinical Update: Differentiating COVID-19 From other infections

In findings from Harvard Medical School, researchers have compiled a list of features that can help clinicians differentiate early COVID-19 symptoms from other infections or conditions. Full findings will be published in *Mayo Clinical Proceedings*, but are summarized here:

- Fever is not a reliable indicator. If present, it may manifest only with mild elevations in temperature.
- COVID-19 may begin with various permutations of cough without fever, sore throat, diarrhea, abdominal pain, headache, body aches, back pain and fatigue
- It can also present with severe body aches and exhaustion.
- A reliable early hint is loss of the sense of smell in the first days of disease onset.
- In serious COVID-19, shortness of breath is a critical differentiator from other common illnesses.
- Almost no one develops shortness of breath, a cardinal sign of the illness, in the first day or two of disease onset. Shortness of breath can appear four or more days after onset of other symptoms.
- The first days after shortness of breath begins are a critical period that requires close and frequent monitoring of patients by telemedicine visits or in-person exams.
- The most critical variable to monitor is how the shortness of breath changes over time. Oxygen saturation levels can also be a valuable clue. Blood oxygen levels can drop precipitously with exertion, even in previously healthy people.
- A small number of people may never develop shortness of breath. Instead, they may have other symptoms of low oxygen levels, including dizziness or falling.
- Anxiety is common among patients with viral symptoms suggestive of COVID-19, and anxiety can also induce shortness of breath.

How to tell the difference between COVID-19 shortness of breath and anxiety:

- Anxiety-induced shortness of breath occurs rapidly, while COVID-19 shortness of breath tends to develop gradually over a few days.
- Patients whose shortness of breath is caused by anxiety often say the sensation occurs during rest or while trying to fall asleep, and an inability to get enough air into their lungs. In contrast, shortness of breath induced by COVID-19-related drops in oxygen gets worse with physical exertion.
- Anxiety-related shortness of breath does not cause drops in blood oxygen level

Source: Cohen PA, Hall L, Johns JN, Rapoport AB, The Early Natural History of SARS-CoV-2 Infection: Clinical Observations From an Urban, Ambulatory COVID-19 Clinic, Mayo Clinic Proceedings (2020), doi: <https://doi.org/10.1016/j.mayocp.2020.04.010>

Week 6: Tips for Communication while wearing a Mask

Communicating while wearing a mask is challenging for all of us. In normal conditions, our listeners can tell from our nonverbal communication (i.e., posture, tone of voice, rate of speech, gestures, facial expressions, etc.), how we are feeling, our mood, and the intent of our communication. Nonverbal communication allows us opportunities to connect with our patients, especially those with Dementia.

Consider the impact of mask wearing. Masks can muffle sound and restrict listeners' ability to lip-read to ensure intelligibility. Masks cover our mouths and noses, causing our listeners to miss subtle changes in facial expression. Many of our patients, especially those with Dementia, may feel apprehensive, or even fearful of our healthcare workers who are wearing masks, which may result in resistance to care and trigger responsive behaviors.

McKnight's Long-Term Care news recently shared 3 tips to remember when communicating through a mask, using the ABC mnemonic:

- **A: Attend Mindfully:** Practice the habit of underlining everything you say with gestures and pantomime, to assist your listener in interpreting your message.
- **B: Behave Calmly:** Approach elders from the front and respect personal space, but drop down to meet them at eye level. Refrain from sudden movements to avoid creating distress. Project a positive, calm attitude and avoid body language that shows frustration, anger, or impatience, while trying not to interrupt them. Give them your full attention.
- **C: Communicate Clearly:** Avoid noise and overwhelming stimuli. Make sure the senior is wearing glasses or hearing aids, if needed. Slowly communicate one point at a time. Use short, simple sentences and underline your words with gestures. Keep your voice even, tone gentle, and speech slow. Speak louder, if needed, because lip-reading cues are absent with a mask.
- **TMC Therapy Teams are equipped with Speech-Language Pathologists, who are communication specialists!** SLPs can share with your patients and staff, tips for improving communication. This may include specific tips such as writing messages on a whiteboard to communicate, or sharing of resources, such as TMC's Clinical Resources, titled, "CareTips for Caregivers" and "Strategies for Communication and Behaviors", aimed at improving communication with individuals who have dementia.
- **To ease residents' apprehension around caregivers wearing masks, caregivers can pin a picture of themselves not wearing a mask to their name tag or scrub top, to help the residents to recognize them.**

**For more information on TMC's Quality Measure-focused clinical programs, or to access TMC's Clinical Resources for your facility/community staff, talk to your TCN and Therapy team, or contact your TMC Business Development representative, or your Area Manager or Regional.*

