

UJA ALZHEIMER'S CARE scale

Knowledge on Alzheimer's disease care

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Available at: <http://cuidosalud.com/en/inv/knowledge-alzheimer/>

This scale measures the overall knowledge on key recommendations to care for people with Alzheimer's disease or other dementias. It could be used for nursing staff (Registered nurses, Assistant nurses of Eldercare workers).

SCORING INSTRUCTIONS

Overall knowledge score.

To calculate this score, 1 point is added for each item with a correct answer.

- YES. Items 2, 3, 5, 7, 9, 10, 11, 12, 14, 16, 17, 18, 19, 21 and 22 add 1 point for each answer YES.
- NO. Items 1, 4, 6, 8, 13, 15, 20 and 23 add 1 point for each answer NO..

Items answered with "Don't know" are scored with 0 points These items can be taken into account to identify areas of ignorance.

The maximum score is 23 points (Knowledge index 100%). Several indices can be calculated from the overall score:

- Knowledge index: $\text{Overall score} / 23 \times 100$
- Ignorance index: $\text{Number of Don't know answers} / 23 \times 100$

UJA ALZHEIMER'S CARE scale (English version)

GENERAL INSTRUCTIONS

Next, there are a series of care recommendations for people with Alzheimer's disease and other dementias, some of which are correct and some of which are incorrect.

Please read each recommendation carefully and tick one box, "Yes" or "No", to indicate whether you consider it correct or not according to current clinical practice guidelines. If you don't know, please tick "I don't know". Try not to leave any blank boxes.

	Yes	No	Don't know
1- If needed, mechanical restraints can be used as a substitute for surveillance or for the convenience of professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2- The Zarit Scale is used to quantify the caregiver's burden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3- When families cannot guarantee care for people with Dementia, admission to a facility may avoid social isolation and prevent abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4- Provide a normal diet, while assessing the causes of dysphagia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5- Non-pharmacological and pharmacological measures should be used together to manage the different behavioural and psychological symptoms of dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6- Reporting the existence or suspicion of abuse is not a matter for nurses or elderly care workers, but for other professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7- The management of extreme agitation, violence and aggressiveness must take place in a safe, low-stimulation environment, separate from other users of the service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8- Specific drugs are the first option for treatment of psychological and behavioural disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9- The application of mechanical restraints, type and date of application, reason, care provided and informed consent should be recorded in the Patient Medical Record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10- Palliative care must include psychosocial, spiritual, cultural and family support aspects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11- Conduct long-term physical activity programs to maintain the functional capacity of institutionalized dementia patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12- Use the oral route for fluid supply at the end of life, whenever possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13- Informing family and caregivers of the near death situation does not improve care in the last few days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14- Inform the caregiver about the disease and its possible complications, and the social resources and support systems available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
15- Behaviour modification, programmed hygiene and induced micturition increase urinary incontinence in patients with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16- Identify who is the patient's representative to include him or her in decision-making and care planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17- Caregivers should be informed and trained to prevent the onset of behavioural and psychological symptoms of dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18- Advise the person with dementia, to prepare the living will document in the early stages of the disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19- Provide comprehensive care to the caregiver, including counselling and emotional support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20- Intervention programmes on activities of daily living do not reduce caregiver burden in the medium.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21- Record in the Patient Medical Record data on the form of onset, progression, and psychological and behavioural symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22- Care plans should address activities of daily living to maximize independent activity, maintain function, adapt and develop skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23- Use nasogastric tube or percutaneous gastrostomy in the patient with advanced dementia as a regular feeding route, if dysphagia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>