

守護記憶 陪伴無憂

聘僱移工家庭 失智症照顧手冊

**A Trusted Partner in
Defending Memory**

Dementia Care Handbook for
Families Employing Migrant
Care Workers

中英文版
Chinese-English
Version

 臺北市勞動力重建運用處
Taipei City Foreign and Disabled Labor Office



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Preface

In Taiwan, about three in every 100 people suffer from dementia and over the next 45 years the number of people with dementia is forecast to grow at an average of 35 people every day. As such, how best to establish long-term care and service systems for dementia patients is an issue to which the government and civil society in Taiwan attaches great importance and a direction in which policy is actively developing.

Currently, many families rely on foreign care workers to look after dementia patients on a daily basis and in Taipei City up to 80 percent of foreign laborers are care workers. However, in many cases these individuals only undertake short-term language and care training courses in their countries of origin before coming to Taiwan and taking care of dementia patients. As a result, they often have an inadequate understanding of the illness and are unfamiliar with care techniques/skills. Add to that problems involved in adapting to language, habits and cultural differences and it can be easy for conflict to occur between carers, employers and dementia patients or for carers to be hurt during care work.

In order to improve the quality of care provided by foreign care workers, the Taipei City Foreign and Disabled Labor Office introduced the “Taipei City Foreign Care Worker-Employer Assurance Program.” This offers one-on-one guidance in the residence of the dementia patient, providing foreign care workers with necessary and suitable guidance in care





techniques and life care. This program has also published “A Trusted Partner in Defending Memory-Dementia Care Handbook for Families Employing Migrant Care Workers” on how to care for dementia patients. This details dementia related symptoms, common behavior and related mental problems. It also provides practical techniques and skills for dealing with frequent dementia care issues relating to food and drink, cleanliness, going outdoors, aggressive behavior, etc. In addition, the handbook also instructs carers on how to relieve stress and seek the assistance of social resources.

The handbook appears in Chinese-English and Chinese-Indonesian bilingual editions. In terms of content it is simple and easy to understand and can help foreign care workers improve their care skills, avoid occupational injury, improve employer-employee relationships and guarantee the rights of both sides.

At this point, I would like to thank the editorial committee for its professional proposals and guidance, ensuring the handbook will be a big success. We would also like to take this opportunity to call on employers to better appreciate the difficult job foreign care workers do in Taiwan and provide them with much needed time off and breathing space, as that will ensure they are able to provide dementia patients with the best quality care possible.

Director, Taipei City Foreign and Disabled Labor Office

Yeh Hsiu-shan



序言

臺灣每 100 人中有 3 位失智者，未來 45 年失智人口數以平均每天增加 35 人的速度急遽成長，如何建置失智者長期照護及服務體系，是我國政府與民間高度重視與積極發展的政策核心。

目前許多家庭仰賴外籍看護工協助照顧失智者的日常起居，在臺北市更有八成外籍移工皆為家庭看護工，但他們在母國僅接受短期語言及照顧訓練，便來臺灣投入照顧失智者的工作，對於疾病不了解，照顧技巧也不純熟，再加上語言、習慣及文化適應問題，以致和雇主、失智者易發生衝突，在照護過程中受到傷害。

為了提升外籍看護工的照顧品質，本處推動「臺北市聘用外籍看護工雇主安心計畫」，以到宅一對一指導方式，提供外籍看護工必要、適合的照顧技巧指導及生活關懷，計畫中特別針對失智症照顧編印「守





護記憶 陪伴無憂—聘僱外籍移工家庭失智症照顧手冊」，內容包含失智症的症狀、常見行為跟精神問題介紹，對於飲食、清潔、外出、攻擊行為……等失智症常見的照護議題提供實用技巧，並指引照護者自我紓壓及尋求社會資源協助。

手冊以中英、中印尼文版雙語呈現，內容淺顯易懂，可強化外籍看護工的照顧技巧，預防職業傷害，進一步改善勞雇關係、保障彼此權益。在此感謝編輯委員們提供專業建議與指導，讓手冊成功付梓，亦呼籲雇主多多體恤外籍看護工的辛勞，適當安排休假及提供喘息空間，給予失智者最佳照護品質。

臺北市勞動力重建運用處處長

葉琇姍



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I. Understanding Dementia

(I) What is Dementia?

Adi came to Taiwan to look after grandpa three years ago, but recently grandpa's memory has got worse and his emotions are increasingly erratic, so that he often gets angry for no reason at all. Grandpa also often tells relatives he can't find his things. And because Adi

was worried that could lead to a misunderstanding, she has detailed grandpa's recent condition to her employer and family members.

After an introduction from a friend, a relative of grandpas took him to see a doctor and the diagnosis was that he has a mild form of dementia.

Adi was left feeling surprised and uneasy by the diagnosis as she did not know anything about dementia.



! Dementia is an illness! !

Dementia is an illness that leads to the loss of brain function, specifically a deterioration of memory separate from the normal ageing process. Importantly, memory and many other cognitive functions (such as language, spatial perception, judgment and abstract thinking) diminish at the same time which often presents in the form of such abnormal behavior as interference, illusions or delusions, that can impact an individual's ability to live or work. When such a condition is particularly serious a dementia patient can only lead a normal life if supervised by a family member or carer.



(II) Often Seen Physical and Mental Symptoms of Dementia

Lisa originally came to Taiwan to look after grandpa Chen, who has dementia, but recently grandma Chen was also diagnosed with the same illness and she thinks Lisa is trying to poison her and so she refuses to eat any food she prepares. There are times she is laughing and joking with Lisa and then the next moment she had suddenly fallen out with her and at night time she won't sleep and stayed up making noises. Grandpa Chen is completely different, he stays at home and doesn't make sound, just paces back and forth. He pretty much keeps himself to himself and doesn't talk much. Lisa finds looking after grandma Chen much harder than caring for grandpa Chen.

She does not understand how if they both have dementia and their conditions are so different.

Symptoms of Dementia Present Differently from Person to Person

Dementia is a degenerative disease, which progresses from mild to moderate to serious and ultimately is terminal. The speed at which degeneration occurs in each stage differs between patients, and the symptoms can be similarly divergent, which is to say care needs must be dealt with flexibly.

Understanding the following common physical and mental symptoms of dementia can help carers make the necessary preparations.



Mental symptoms

★ Delusions

- Believes objects have been stolen or hidden by someone
- Believes someone intends to do one harm or that food is poisoned
- Suspects a spouse is unfaithful
- Believes he/she has been abandoned

★ Confusion

- Believes TV shows are real
- Believes the reflection in the mirror is someone else
- Believes shadows are holes
- Believes deceased friends are still alive

★ Illusions (sight, hearing, smell, touch)*

★ Anxiety, irritability

★ Big shifts in emotional mood, high spirits

★ Depression, cold and distant, indifferent

★ Personality changes (uncertainty, timidity, anti-social, irascible)



Behavioral symptoms

★ Repeatedly asks the same questions or engages in the same actions*

★ Obstacles to expression and reading *

★ Loses ability to live alone or use utensils*

★ Paces around, excitable, unable to sit still

★ Gets lost, wanders around*

★ Inverted sleep cycle* or sleep cycle disorder

★ Inappropriate or disorderly behavior*

★ Changes in appetite and diet

★ Non stop crying, cursing or shouting

★ Loss of interest or energy

★ Aggressive behavior (physical or verbal)

★ Dependent*

* For more details see the glossary on P.44.



II. How to Take Care of Dementia Patients

(I) Dietary Care



Q 1



If a dementia patient has just had a meal but still asks for something to eat, what should I do?

1. Gently remind the patient that he/she has already eaten and that it is not time for the next meal. Point to a clock or watch so the patient knows what time it is.
2. Take a video of the patient finishing his/her meal, with a calendar and clock in the background and show them as a reminder.
3. Encourage the patient to do something else, for example, tell him/her “OK, I will make something but it will take a while, how about watching television now?” In this way the patient will focus on the next activity.
4. Divide meals into two or three portions and give the patient one at a time, so that when he/she asks for more they will not eat too much.

Q 2

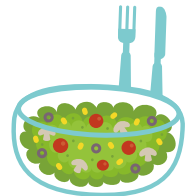


What should I do if a dementia patient refuses to eat?

1. Food should be cut into small pieces and cooked so it is softer and easier to eat.
2. Clear things from the table and keep it clean. Use single color plates so the patient can clearly see the food and use easy to use tableware, for example a soup spoon with a rough handle, backed up with chopsticks and non-slip placemats.



3. Encourage the patient to eat, but do not force him/her. Ask: “What do you want to eat?” so the patient has the right to choose, or give him/her food they like. Also listen to music they enjoy, so they are in a good mood and eat more.
4. Encourage the patient to be more active, arrange outdoor activities to burn more calories or mental activities. If he/she still eats too little, then talk to your employer or a doctor about providing certain high caloric, nutritious foods (such as avocado milk, papaya milk, etc).
5. Do everything possible to ensure the patient feeds him/herself. Even if this involves eating very slowly or even using his/her hands, do not criticize as that can make the patient feels that meals are unpleasant experience.



Q 3



If a dementia patient searches for food and puts whatever they find into their mouth, including things such as soap, what should I do?

1. If you see a dementia patient searching for food, calmly ask: “Are you hungry? I will make you a snack ok?” The carer should provide food so the patient does not go looking for food and eat something that isn’t food by mistake or eat too much.





2. If you see a patient eating something they shouldn't, calmly try and persuade him/her not to and try to exchange it for something else. For example, you can say: "That's soap, you can't eat that" and swap it for biscuits which the patient likes.
3. Regularly clean out the refrigerator and trash cans, throw out food that has passed its expiry date, and make sure dangerous objects or items easily mistaken for food are kept out of reach. For example desiccants in biscuit tins, keys, cleaning products, medicine, etc. should be kept in places the patient cannot see or access or alternatively be locked away.

Q4



What should I do if the dementia patient will not drink anything?



1. Verbally remind the patient and encourage him/her to drink more water. For example say: "It's hot today, your lips look dry, we should drink some water," or "Doctors say that that drinking more water is healthy." Do this several times and continue to do it until drinking water becomes a habit.
2. Prepare "edible water" for patients such as gelatine or kanten which can be made into jelly-like food substances that are easy for patients to swallow.
3. Ask a doctor or nutritionist whether a patient should be given drinks they used to like, for example perhaps a patient likes tea, coffee, fruit juice, or is it better to give substitutes such as ice lollies, green bean soup, fruit, etc?



4. If a patient is concerned about being unable to get to the toilet in time, take him/her to the bathroom regularly, (perhaps every hour) and frequently indirectly telling them not to worry about making the toilet in time. In this way, the patient knows “even if they wet their pants, they will not be looked down on or blamed.”

Q 5



What should I do if a dementia patient will not take his/her medicine?

1. Do not force or reprimand the patient, cut the pills into smaller pieces, grind into powder or ask the doctor to substitute for medicine in liquid or powder form.
2. Grind medicine into powder and place in food or drink, so the patient takes it without knowing. Medicine can also be placed in health food packaging to increase the willingness of the patient to take it. In addition, if the patient refuses to take dementia medicine, the packaging should be changed and the medicine placed in the medicine bag that holds his/her medicine for long-term chronic illnesses.
3. Some dementia patients are more inclined to do what doctors tell them, so ask a physician to write a “doctor’s note” (asking the patient to take his/her medicine regularly and stipulating a time). The doctor should sign this and hand it to the patient in person. If he/she then refuses to take the medicine, the carer can produce the doctor’s note.





4. Carers should not decide to stop giving medicine or change the dosage on their own. Pay attention to the mental and physical state of the patient before and after taking the medicine and if you notice the medicine has side effects that make the patient uncomfortable, inform the doctor at the next appointment.

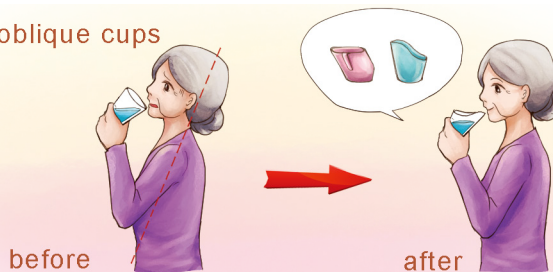
Q 6



If the dementia patient often chokes when eating or drinking, what should I do?

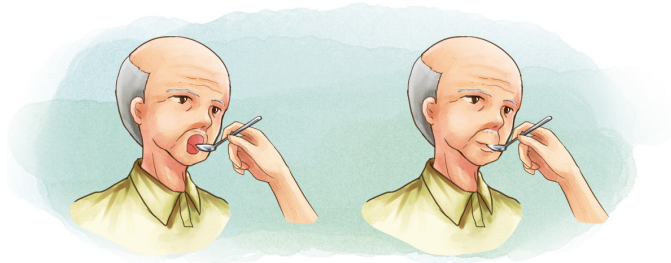
1. Food should be cut into small pieces or ground up.
2. Choose foods with a softer texture such as tofu, steamed eggs, fish, etc.
3. Eat solid and liquid foodstuffs separately.
4. Add some kanten, gelatine or lotus root starch to liquid foodstuffs as thickener. This will increase the viscosity and make it easier to swallow.
5. When drinking water the patient should use a sippy cup or a straw, to ensure he/she drinks one mouthful at a time or an oblique cup so the head is at less of an angle, thereby reducing the likelihood of choking.

Use oblique cups





6. If a dementia patient has to be fed the carer should sit directly opposite the patient. The latter should sit upright with his/her head tilted slightly forward and down like most people when they eat. The spoon should be placed one third of the way into the patient's mouth, so he/she can eat the food off the spoon and is less likely to choke.



(II) Cleanliness Care

Q₁



How should I help a dementia patient pick which clothes and shoes to wear?

1. In summer, clothes should be light, moisture absorbent, perspiration-absorbing and cool; winter clothes must be warm, but avoid clothes that are too heavy and could impact ease of movement.
2. Clothes should be simple, easy to wear and take off, but they should not be too tight as that can impact ease of movement.
3. Trousers should not have zips or buttons, with an elastic band preferable.

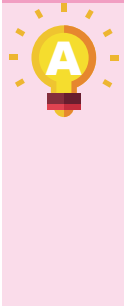




4. Patients should not wear shoes with laces, footwear such as flip flops that can easily trip up the wearer. They should choose covered shoes or footwear that has side straps or velcro, that can be adjusted to be more comfortable and are easy to put on and take off.
5. When the patient goes outside choose colored clothes that strongly contrast the front and back so that he/she can be quickly identified outdoors, thereby reducing the risk of the patient getting lost.

Q 2

What should I do if every day the dementia patient spends a lot of time in front of a wardrobe choosing what clothes to wear?



1. Select 1-2 sets of clothes for the patient to choose from.
2. If there are items of clothing the patient previously liked to wear or often wore, suggest those and say: “Grandma, this is your favorite skirt, how about wearing this? You look very pretty ok?”



Q 3

What should I do if after choosing what to wear the dementia patient does not know how to put them on the clothes or puts them on in the wrong order?



1. Arrange the clothes in the order they should be worn, give the patient one item at a time or place the clothes left to right: shirt, trousers, socks and coat. First hand the patient the shirt and after he/she has put it on then the trousers.



2. When the patient gets dressed give him/her simple and easy to understand step-by-step instructions, with specific reminders about the next item to be put on or taken off, for example “put on your clothes,” “take off your socks.”

Q 4



If the dementia patient does not want to change his/her clothes, what should I do?

1. Try to remind the patient in a mild tone: “Grandpa, your clothes are dirty, let’s wear something different, we can wear this again once it has been cleaned.” When the patient is willing to change his/her clothes offer praise, for example: “Look, this item of clothing is even more handsome.”
2. When the seasons change make sure all off-season clothing are put away. If the patient insists on wearing a jumper in summer, point to family members or passersby and say: “The weather is hot now, everyone is wearing short-sleeved clothes” to remind him/her of the season.
3. If the patient insists on wearing certain styles or types of clothes make sure there are several sets so they can be changed.
4. When necessary ask a doctor or a trusted family member to persuade the patient.





Q 5



How should I help the dementia patient to take a bath?

1. The temperature in the bathroom should be maintained at 22-30 degrees Celsius, with slip proof mats on the floor and in the bath, as well as a handrail. Check that the sound of flushing water or the suction blower is not too loud; you should also consider using gentle music or aromatic fragrances to create a pleasant bathing atmosphere.
2. Do not force the patient, rather choose a time when he/she is in a good mood or has just finished exercising and is more willing to take a bath.
3. When possible allow the dementia patient to bathe him/herself. The carer should stand at the side and verbally remind the patient of the various steps. If the patient requires assistance it should be provided by a trusted carer or family member as that is less likely to make him/her feel uncomfortable or result in rejection.
4. Simplify the bathing process, so for example wash the patient's hair when bathing and allow him/her to participate in the process.
5. Be sure to tell the patient before making any movements, for example say: "I'm going to rub soap on your back now." Movements should be slow and unhurried so the patient has ample time to adapt. In addition, the privacy and opinions of the patient must be respected, perhaps by allowing him/her to wear a towel and therefore have a greater sense of security.





6. Make optimal use of assistive devices.* For example, allow the patient to use a bath chair or bathing cap to prevent too much water splashing onto his/her face.
7. Use small objects to distract the patient so the bathing process goes smoothly. For example, let him/her have a snack or drink, so the carer can wash the patient while he/she is focused on the food and drink.
8. Bathing should be undertaken in stages. For example, one part of the body can be washed every day of the week.
9. If physical contact with a carer causes the patient to panic, try covering up with a towel or using a bath sponge so there is only indirect touching or ask a family member who the patient likes to be assisted.
10. When a carer is helping to bathe a patient, he/she should wear an apron or lightweight raincoat to protect one's modesty.



*For more details see the glossary on P.45.

Q 6



What should I do if the dementia patient refuses to bathe?

1. Do not force or curse the patient, wait until he/she is in a better mood and then encourage them, perhaps explaining the benefits of bathing. For example, “Grandpa, you are meeting friends later for a meal, if you bathe and put on some nice clothes that will give you a lot of face in front of them.”



2. Carers can pretend to accidentally spill tea/water on the clothes of patients to encourage them to bathe, or change their clothes or suggest bathing after the patient exercises and is sweaty or goes to the toilet.
3. Allow the patient to bathe in a way he/she is used to, for example replace body wash with soap, or the shower head with a water ladle, and demonstrate how to use each utensil.
4. Divide the bathing process into stages so the patient gets used to it. For example, start by soaking his/her feet and once that is a habit move on to cleaning the lower half of the body and then the whole body. In addition, a family member of the same sex who the patient is familiar with and likes should help with bathing to start with and the carer can assist from the side. Once the patient is comfortable with that arrangement the carer can help bathe the patient alone.
5. If the patient continues to not wanting to bathe, do not insist he/she bathes every day, instead resort to a sponge bath with a wet towel.

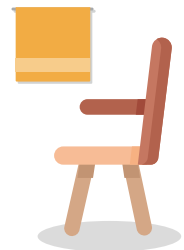


Q7



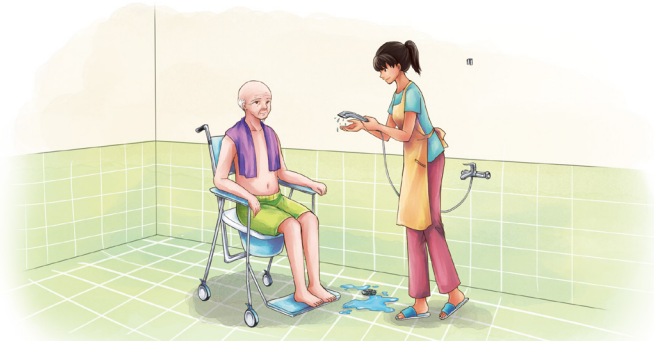
If the dementia patients has difficulty getting around, how should I help him/her bathe?

1. The patient can bathe using a chair commode, bath chair or even sitting on a toilet (though safety must be ensured).





2. The patient does not have to bathe every day or necessarily bathe in the bathroom. For example, he/she could bathe in the bathroom once or twice a week and the other times be given a sponge bath to maintain basic cleanliness.
3. The employer or a family member should help move the patient or help him/her get up.



Q 8



How do I help the dementia patient maintain oral hygiene?

1. Remind the patient to brush his/her teeth after meals, or to take out and clean dentures before going to bed. Cultivate the habit of brushing his/her teeth at set times and where possible allow the patient to brush his/her own teeth.
2. Use a tooth brush and cup to rinse out the mouth the patient is familiar with. If these are changed they should be replaced with the same model and color items. Also select a toothpaste or mouth wash the patient likes.



3. When the patient has a habit of swallowing toothpaste, use a small amount of toothpaste (about 3mm in length) or directly select a toothbrush with extremely soft bristles and brush the patient's teeth without toothpaste.
4. If the patient forgets oral hygiene steps, demonstrate the individual movements and remind him/her how to brush his/her teeth.



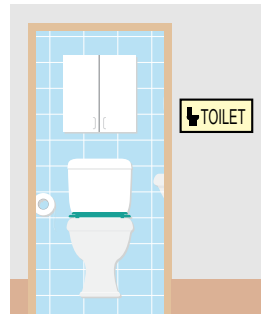
(III) Home Care

Q 1



The dementia patient is often unable to find the toilet or other rooms. He/she might say he/she wants to go to bed but go to the toilet, what should I do?

1. Ask the patient what he/she wants to do in the room or toilet and if there is a mistake, point out the right room.
2. Room doors at home should remain open with sufficient light, so the patient can clearly see items in the room before entering and thereby decide for him/herself if he/she is in the right place.
3. You can place signs, images or arrows in clearly visible places in the corridor or on doors to indicate the locations and uses of different rooms. You can also stick a photograph of the patient on the door of the bedroom, to make it clear that it is his/her bedroom.



Q 2



The dementia patient is always looking for opportunities to sneak out when family members are not watching, even climbing out of windows, what should I do?

1. Install window locks, so that the patient cannot open it by him/herself.
2. Install wind chimes or alarm bells on doors.
3. Place a screen, curtain or other obstacle over entrance and exit points so the patient cannot find them.
4. Ask the patient why he/she wants to go outside and distract him/her. For example, if the patient says: “I have to go to work,” tell him/her: “It’s the weekend today, no one is working. Didn’t your friends say they were going to come over to play Mahjong. Why not watch the TV and wait for them to get here?”
5. Arrange activities and exercises such as singing or participating in community meetings, etc.

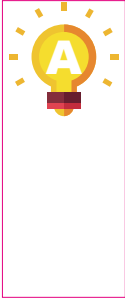


Q 3



The dementia patient sleeps all day but not at night, what should I do?

1. Try to make sure the patient does not sleep during the day (and especially not before lunch time). One approach is to take him/her outside for a walk, to have some sunshine or engage in an activity he/she enjoys. If the patient gets tired, the noise and light will prevent them from sleeping.
2. The patient should not drink too much water, coffee or tea before bedtime to prevent him/her from having to

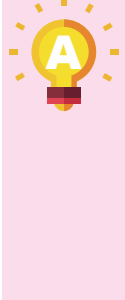


get up in the middle of the night several times to go to the toilet and becoming unable to sleep.

3. The temperature in the patient's bedroom must be just right. Turn the lights down but leave one night light on, so he/she can find the toilet in the middle of the night.
4. The caretaker should inform the employer and seek the assistance of a doctor.

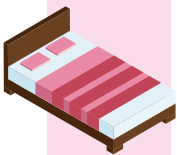


Q4



How can I prevent the dementia patient from falling at home?

1. The floor should be slip proof and kept clean, and the home should have ample light to ensure clear vision.
2. Objects should be cleared away, corridors should be kept free from clutter, and the floor should not have major differences in elevation.
3. The patient should wear cloth that is moderately tight and non-slip shoes, and avoid walking around with bear feet.
4. Ask the employer to install handrails and anti-slip facilities in the bathroom and on stairways, as well as a bed-leaving monitoring system.
5. Encourage the patient to use a walking stick or a walker.
6. Change posture or get out of bed slowly using a hand rail to aid balance.
7. Always follow the patient, pay attention to his/her movements, stay close by.



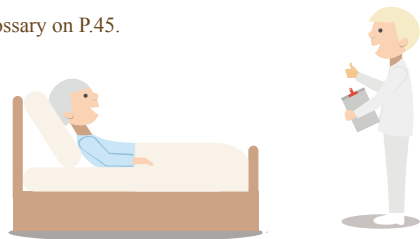
Q 5



If the dementia patient is long-term confined to bed what are the most important things to do?

1. The patient should be turned over at least once every two hours to avoid bedsores.* When turning the patient use a device such as a pillow, towel or air bed to support his/her body.
2. Flatten sheets and wrinkled clothes and change them if they become wet.
3. The patient should receive a massage, and undertake joint exercises 2-3 times a day. Before these exercises, a hot compress should be used on the joints for 15 minutes to reduce stiffness.
4. Do not feed the patient when he/she is lying down. In order to make swallowing easier, prepare liquid or ground up food, pay close attention to whether the patient chokes. If he/she does choke, wait until it has ended before continuing to feed.
5. When the patient is frequently incontinent, consider using strongly absorbent adult diapers or use breathable under pads on the bed.
6. Pay close attention when dealing with wounds and infections. Seek advices from a doctor or nurse for care methods, do not make decision on medicine by yourself.

*For more details see the glossary on P.45.





(IV) Mobile and Outdoor Care

Q 1



When taking a dementia patient outside, what preparations are necessary? Is it ok for those who have difficulty getting around to go outside?

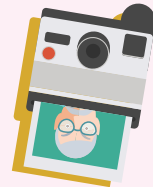
1. Before going out, ensure all precautions are taken to ensure the dementia patient cannot get lost:
 - Take close up photographs of the patient regularly in order to be used in case he/she does get lost.
 - Ask the employer to take the patient to a police station to have his/her fingerprints taken.
 - Ask the employ to apply for an identification bracelet to prevent the patient from getting lost and ensure it is worn whenever the patient goes outdoors.
 - Patients can wear a GPS device.
 - Sew labels on the patient's clothing that indicate his/her name, address and telephone number. Employers can apply to the Taiwan Alzheimer Disease Association for the labels.



Apply to the Taiwan Alzheimer Disease Association for clothing labels

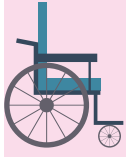


Apply for an identification bracelet





2. Tell the patient that in emergency he/she should seek help from the police. Also inform neighbors that if they see the patient on his/her own, contact the caretaker or employer.
3. Patients who have difficulty in getting around should use an assistive device such as a walking stick or walker when they go outdoors. When a patient is unable to move or the distance to be traveled is long, a wheelchair should be used.
4. Always take objects or snacks the patient likes, so that if they lose control he/she can be distracted. If this does not work, remove the patient from the current environment as quickly as possible.



Q 2



Every time the dementia patient refuses to go when hearing it is time to see a doctor or go outdoors, what is the best way to get him/her to agree?

1. Tell the patient he/she needs to go to the hospital for a health check and take advantage of that situation to see the doctor.
2. Tell the patient you have to see the doctor and take him/her with you.
3. Get a friend or relative the patient trusts to persuade him/her to see a doctor or exercise.
4. Take the patient to see the doctor or go outdoors to exercise without telling him/her where you are going.
5. Use objects the patient likes to encourage him/her to go outside. For example, if the patient likes good



cuisine, tell him/her you are going to his/her favorite restaurant.

6. When the patient goes outdoors, he/she must always be accompanied by a caretaker who should remain at his/her side to reduce any anxiety the patient might feel.
7. Invite friends or neighbors to take part in exercise because being around familiar faces will make it easier for the patient to remain calm in an unfamiliar environment.

Q₃



When I take the dementia patient to see a doctor, how should I describe his/her symptoms?

1. Record the patient's behaviors, mental symptoms and conditions after taking medicine. Those who keep records in their own mother language can use translation software or ask the employer to add remarks in Chinese to be given to the doctor as a reference during outpatient appointments.
2. Explain if there are any new symptoms, when the symptoms occur, and other details. For example, "The patient used to be calm, but for the last few days whenever it gets late he/she becomes especially irritable and even curses at people....."
3. Describe any changes since the last doctor's visit and after following the doctor's instructions; note whether the patient's symptoms improve or get worse after taking medicine or whether there are side





effects. For example, “the patient gets drowsy, feels nauseous, sick or falls over more often after taking medicine.....”

4. Explain the greatest difficulties in taking care of the patient. For example, the patient wakes up screaming and shouting in the middle of the night, he/she often gets undressed outdoors, etc. The doctor will assess how to deal with such situations and the caretaker should report back at the next appointment whether the patient’s symptoms improve.
5. If there are difficulties communicating, the employer should ask a relative or friend, home care attendant or social worker to accompany the patient when he/she goes to see the doctor.

(V) Communication and Interaction

Q₁



What should I do if the dementia patient repeatedly asks the same question?

1. Maintain a calm voice, and slowly, patiently repeat the answer.
2. Use something the patient is interested in to distract him/her. For example, ask the patient: “What is the date today?” and when he/she replies use that opportunity to change the subject: “Its May 10. That means it’s nearly Dragon Boat Festival. Grandma, do you make *zongzi* every year for your grandchildren?”





3. Sometimes patients get overly nervous about things that worry them and seek constant confirmation. It is helpful to not inform them of certain things too early. For example, instead of saying “we have an appointment to see the doctor tomorrow”, do not tell him/her about the appointment until the following morning.

Q 2



The dementia patient is often unable to remember the correct names of things and if I give him/her the wrong thing, he/she gets angry. What should I do?

1. Do not argue with the patient, ask for more details about what it is he/she wants. For example: “What color is it? What is it used for? Where do you usually keep it? When was the last time you used it?”
2. Proactively provide choices. For example, if the patient says: “I want to call him/her” but is unable to say who, then ask: “is he/she your son or daughter?”
3. Make an educated guess based on the situation. If the patient has just finished a meal and says: “Can you bring it to me,” you can make an assumption and say: “Do you want to brush your teeth? Do you need me to get your toothbrush?”
4. Use pictures or physical objects so that the patient can point at.
5. Cabinets in the patient’s home should be kept simple and uncluttered, with labels on individual items that can be seen and easily reached.

Q₃



The dementia patient often accuses me of stealing his/her things, what should I do?

1. Calmly reply: “I did not take it. Perhaps you dropped it somewhere. After you finish your food we can look for it together.” First ask the patient to do something else, so that he/she forgets about it; or say you will look for it together and ensure he/she finds the object and so realizes it was not stolen.
2. Inform the employer, seek to create trust so the patient’s relatives are prepared to defend and praise the caretaker. This will increase the patient’s sense of security and his/her trust of the caretaker.
3. Actively learn the language of the patient, whether it is Mandarin, Hoklo or Hakka. Engage him/her in conversation often and develop a good relationship is the best way to reduce the occurrence of misunderstandings.

(VI) Other Behavioral and Mental Problems

Q₁



The dementia patient is easily angry and can even turn violent. What should I do?

1. Maintain a quiet and peaceful living environment: reduce ambient volume, speak in mild tones, play gentle music, allow the patient to engage in things, eat food he/she likes and make sure his/her life route is regulated.
2. Avoid aggravating the patient through sounds or actions; do not force him/her to do things. When helping the patient, always pay attention to his/her



feelings when using toilet or in bath. When he/she resists, pause or stop what you are doing.

3. When the patient acts paranoid or delusional, do not correct him/her. If he/she says: “Daddy wants to take me to the park,” do not tell the patient his/her father is dead. Instead, try and move on to the next activity: “Daddy is on the way back home, but if you are going out you will need to put on some nice clothes. Let’s get a bath, change clothes, and then when he gets back we can go out and play.”
4. When the patient is angry and wants to hit someone, keep a safe distance and move dangerous objects out of his/her reach. Use words intended to placate the patient or bring out objects he/she likes to divert attention, and take him/her away from wherever they are. If the patient refuses to be placated, the caretaker should first leave the scene, but still observe where he/she goes. When unable to deal with a situation, ask a doctor to assist.



Q 2



Every day when it starts to get late, the dementia patient becomes easily confused, less easy to understand, more excitable and throws tantrums. What should I do?

This is known as “Sundown Syndrome”.* After eliminating physiological reasons such as being hungry or wanting to go to the toilet, it can be dealt with in the following ways. When the condition is particularly severe, seek the help of a doctor:



1. The carer should follow a regular schedule so a patient's daily activities such as getting out of bed, eating meals, bathing and sleeping are at the same time every day. In this way, the patient becomes used to doing specific tasks at set times of day.
2. Reduce the amount of time spent outside in the evenings. Do things together with the patient that he/she likes as a means of distraction. If he/she insists on going out, go together for a walk and then come straight back home.
3. Close the curtains, turn on the lights, keep the indoor environment well lit in order to reduce the patient's anxiety.

*For more details see the glossary on P.44.



Q 3

If the dementia patient exposes him/herself or sexually assaults the carer, what should be done?



1. Take the patient to the toilet and determine whether exposing him/herself indicated a need to go to the bathroom.
2. If the patient exposes him/herself, do not criticize, give the patient a snack or drink he/she likes to make him/her focus on something else and help the patient cover up or get dressed properly.
3. Carers should avoid wearing revealing clothing so as to reduce any motivation the patient might have to expose him/herself. If the patient attempts to touch the carer, he/she should firmly but calmly say: "Please



don't do that it makes me feel uncomfortable.” Alternatively, hold the patient's hand as that increases his/her sense of safety, while also making it possible to control where his/her hands go, making it impossible to touch other people.



4. Arrange variety of activities, to ensure the patient has no free time.
5. Inform the employer about the patient's behavior and make arrangements for a same sex family member to help him/her with such private activities as going to the toilet, bathing, getting dressed and undressed, etc.

Q 4



If the dementia patient often sees people or objects that are not there, what should I do?

1. As long as the patient's behavior is not dangerous go along with what he/she says. For example, if he/she says: “There's a thief in our home” go with him to look and then after a while take him to the kitchen to eat fruit. There is no need to explain: “There is definitely no thief here.”
2. Make sure the home is well lit to minimize the amount of shadow. Clean such reflective points as mirrors, reflective floors, shiny decorations, etc. and avoid environmental objects that could make the patient feel uneasy, such as curtains that constantly move in the breeze.





3. Arrange large numbers of activities or simple household tasks so the patient has to focus on the activities at hand.
4. Pay close attention to whether the patient is thirsty, hungry, in pain or itching, to avoid illusions brought on by physical discomfort.

Q 5



If the dementia patient is unable to sit still and constantly wanders around, what should I do?

1. Increase the number of clear pathways or positional labels in the immediate environment.
2. Arrange physically-tiring activities or take the patient outside for walk.
3. Eliminate the causes of the patient's anxieties, such as noise, reflective light and shadows or chat with him/her as a distraction.
4. If it does not interfere with other things and there are no safety issues then exercise should be considered a positive outlet. However, avoid walking too much as that can lead to joint pain. The carer could also place a chair on the route the patient walks so he/she has somewhere to rest along the way.





III. Carers - Relieving Stress and Adapting

Faced with the difficulties that are an inherent part of care work, what should I do?

(I) When language and communication are problems.....

1. Seek to reduce the language barrier

- **Use body language and other resources:** Used hand gestures and posture to help explain things. Alternatively, use pictures or real world objects to express meaning or translation tools to help one engage in dialogue.
- **Learn languages:** Frequently interact with one's employer and the dementia patient. The carer can also familiarize him/herself with Chinese, perhaps using time watching television or online to learn basic Chinese language phrases. Individuals can also enroll on language programs organized by government labor agencies or related social welfare units to improve their Chinese language proficiency.

※ “Overcoming the Language Barrier – Portable Chinese Character flash Cards” published by the Labor Affairs Department, New Taipei City Government. This includes everyday language and pictures in Chinese, Indonesian, Thai, Vietnamese and Tagalog. These enable home carers to learn and communicate more effectively.

Scan the QR Code below to download an electronic file



2. Techniques to better communicate with dementia patients

- **Smiling, physical contact:** Smiling can be accompanied with a gentle handshake or contact, so the patient feels a sense of security.
- **Reduce interference, make eye contact:** Talk in a quiet environment and make eye contact when communicating to ensure the patient's attention is focused on what is being discussed.
- **Speak slowly, repeat explanations:** Speak slower, control the tone so it is not too high or low and repeat explanations of things.
- **Concise and to the point, additional assistance:** Discussions should be simple and focused, addressing one thing at a time. Carers can also use objects and pictures to help explain their point.
- **Avoid rushing the patient, encourage him/her to answer:** Give the patient time to respond and try to use methods that encourage him/her to express his/her ideas.



(II) When a carer finds it hard to adapt to the culture and habits.....

1. **Responsive communication:** The carer should talk to the employer about dietary habits and cultural customs to determine a balance both can accept. For example, the employer might agree to let the carer prepare food that meets his/her own tastes or observe religious rituals in accordance with his/her religious beliefs (such as Ramadan).



- 2. Self adjustment:** Make an effort to better understand the culture and customs in Taiwan and gradually adjust one's ideas accordingly, so as to slowly accept the challenges presented by the new environment. This will make it easier to achieve a balanced lifestyle and thereby mitigate the sense of strangeness than can come from living in a foreign country.
- 3. Group support:** Share ones feelings with friends and consider attending activities organized by the government or civic groups, such as Taipei Eid al-Fitr, One-Forty, Brilliant Time Bookstore, TransAsia Sisters Association activities. Alternatively, carers can read newspapers, listen to radio shows and watch television programs in their native language to help relieve the pressure of work and homesickness.

(III) Dealing with the emotions and pressure related to care work.....

- 1. Understanding and communication:** It is important to understand that because of their illness dementia patients are unable to control their behavior, which is to say that their anger, criticism and cursing is not necessarily directed at the carer. As such, it is important that carers do not blame themselves but rather try different ways and techniques to resolve problems. The carer should also talk to the employer about care related issues so he/she has a better understanding of the work situation.
- 2. Seek out support:** In dealing with care related difficulties the carer should seek the assistance of the employer or a doctor. If there is a serious disagreement with the employer, the carer should coordinate with the labor broker or labor agency. Carers can also use a simple measurement table to determine

their level of psychological stress and seek to reduce it by resting, external relief or counseling. (for the “Carer Stress Level Self-Assessment Table” please see P.50)

- 3. Self protection:** In terms of dealing with psychological stress carers should find appropriate times to share their feelings or frustrations with the employer or friends. In addition, they should also regularly engage in self encouragement and remember certain occurrences and changes are beyond their control, thereby ensuring stress does not lead to mental issues. Carers should employ certain techniques to avoid violence and harassment and distract the dementia patient. However, in such situations the carer must also inform the employer so adjustments can be made to the method of care provided. If there is no improvement the carer must inform the labor broker or related government agency and seek the assistance of social resources to resolve the problem.

※ Complaints channel:

- 113 Protection Hotline: Domestic violence and sexual harassment reporting or help, providing interpretation services in multiple languages.
- 1995 Ministry of Labor Foreign Workers Protection Hotline: 24 hour helpline, providing interpretation services in multiple languages.





(IV) When a carer does not understand dementia or care skills.....

- 1. Handing over care work:** Before an employer and original carer handover care work they must fill out a “Care Work Handover Form” to be given to the next carer, which is used to ensure care work continues as seamlessly as possible. (for the Care Work Handover Form, please see P.52)
- 2. Following a care plan:** The employer should draft a care plan, including a daily schedule for the dementia patient, items of particular note, as well as times for the carer to take meal breaks and rest. These breaks can then be taken in accordance with the table, reducing the difficulty of the job. The care plan can be later amended depending on the progress of the patient’s illness or to deal with special situations.
- 3. Using care resources:** The employer should make inquiries with local medical institutions or long-term care centers on available care skills training programs or apply for a nurse to provide at-home training. If technical medical care services are needed the employer can apply for at-home care visits, where a professional provides care guidance and related services.



- 4. Applying for free in-home training:** Ask the employer to apply for a nurse and interpreter to visit the residence at the same time so the carer can receive one-on-one guidance, including suitable and necessary care skills and life care knowledge.

※ Method of application:

Telephone inquiries: “Taipei City Foreign and Disabled Labor Office”
02-2338-1600.

(V) Care Helper

- 1. Assistive resources:** Apply for assistance that suits the lifestyle and mobility of the dementia patient, to reduce the physical effort and burden of care work.
- 2. Transportation:** Carers can apply for transportation services to take dementia patients with poor mobility to and from the hospital, doctor’s appointments or rehabilitation sessions, which reduces the burden of taking a patient to and from such places.
- 3. Respite care**
 - **Institutional respite care:** This involves sending dementia patients to long-term residential care facilities for short-term full-day stays where they receive 24-hour care.
 - **At-home respite care:** A nursing aide visits the patient’s home and provides care services, with 3-hour and 6-hour service periods available.

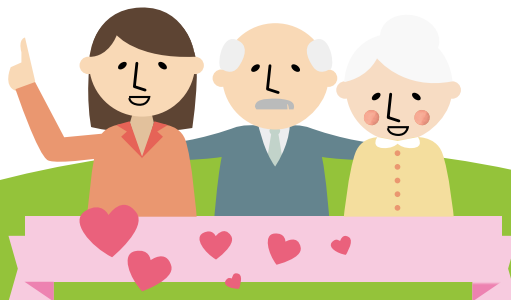


- **Community respite care:** The dementia patient visits a daycare center, a small multifunctional service center or neighborhood long-term care center, where he/she receives temporary care. Nighttime respite care is also available.

※ Method of application for aforementioned outlets:
Telephone inquiries “1966 Long-Term Care Service Hotline” or “Taipei City Long-Term Care Management Center”, please see P.47 for the hotlines in different areas.

4. **Outreach services:** Carers should participate in community disability outreach services organized by social agencies because these not only allow dementia patients to interact with other people, they also provide carers with counseling in an effort to relieve the physical and mental stress associated with care work.

※ Service information:
Telephone inquiries “Taipei City Home Carers Support Center”, please see P.46 for the hotlines in different areas.





IV. Addendums

(I) Glossary

Word/Term	Explanation
Illusion	<ol style="list-style-type: none"> 1. Visual illusions: For example, seeing friends or relatives who are already deceased in one's home. 2. Auditory illusions: For example, hears voices even when there is no one there. 3. Olfactory illusions: For example, can persistently smells disinfectant 4. Haptic illusions: For example, feeling as though insects are crawling on one's body.
Repeated phrases / behavior	<p>Repeatedly asks the same question or repeat the same action. For example:</p> <ol style="list-style-type: none"> 1. Language: despite already being told the answer the patient continues to ask the day and date. 2. Behavior: goes to the toilet every 10 minutes.
Obstacles to expression and reading	Unable to complete a sentence or remember the names of people and things; inability to understand the meaning of certain words.
Inability to live alone	Unable to handle such basic daily activities as eating, bathing, or going to the toilet.
Inability to use utensils	Unable to correctly use daily utensils/devices, such as being unable to turn on a tap.
Wanders around	Aimlessly wanders around, repeatedly walking back and forth.
Inverted sleep cycle	Sleeps through the day, wakes up and is active at night.
Sundown syndrome	This refers to dementia patients who are unable to sit still and become even more irascible, easy to anger or confused than normal in the early evening. In some instances this continues until nighttime.



Word/Term	Explanation
Inappropriate or disorderly behavior	Dementia patients who act in an age inappropriate manner or do things that are inappropriate in certain environments or situations. Examples include binge eating and drinking, undressing in public, urinating in public, etc.
Dependent	When the patients wants the carer to be there all the time and panics, or becomes anxious if unable to find said carer.
Assistive device	These are devices that assist with the completion of daily tasks, such as wheelchairs, noise-emitting smart pill bottles, commodes, etc.
Bedsore	This occurs when part of the body is subject to constant external pressure and proper blood flow is blocked resulting in blisters, broken skin or necrosis on part of the skin. Dampness and crumpled clothing can also easily lead to bedsores.



(II) Social resources

		Services	Telephone No.	
Emergency Hotlines		Emergency calls, first aid calls	110, 119	
		Reports of domestic violence and sexual harassment or requests for related assistance from across Taiwan	113 (provides English, Vietnamese, Thai, Indonesian, Myanmarese interpreters)	
		The Ministry of Labor 24-hour Advice and Protection Hotline provides advice on related laws, helps process claims, offers legal assistance, referrals for protective settlement and referrals for services provided by other departments	1955 (provides 24-hour all year round English, Vietnamese, Thai, and Indonesian interpreters)	
		Service Provider	Telephone No.	Services
Long-term Care, Counseling Resources		Ministry of Health and Welfare Long-term Care Services Hotline	1966	The call menu can be used to transfer callers to care management centers in counties and cities across Taiwan. As long as an individual qualifies an official will visit the family home to conduct an assessment and draft a care plan based on practical needs (the first five minutes are free)
		Taipei City Home Carers Support Center		Provides counseling services for home carers, instruction in home care techniques, psychological counseling, training seminars on care techniques/skills, stress relief activities, support groups, temporary replacement services and volunteer care services
		Eastern District	02-7703-1972	Main areas of responsibility: Zhongshan, Songshan, Nangang



	Service Provider	Telephone No.	Services
Long-term Care, Counseling Resources	Southern District	02-2311-4678	Main areas of responsibility: Zhongzheng, Xinyi, Wenshan
	Western District	02-2308-5739	Main areas of responsibility: Datong, Wanhua, Daan
	Northern District	02-2838-1571 ext 252, 258, 214	Main areas of responsibility: Shilin, Beitou, Neihu
	Taipei City Long-Term Care Management Center	Provides advice on long-term care resources. In the event of an application for long-term care resources, the Management Center must be contacted to arrange a related needs assessment	
	Eastern/Southern Service Station	02-2537-1099 ext 200-225	Main areas of responsibility: Nangang, Neihu, Xinyi, Songshan, Daan, Wenshan
	Central/Western Service Station	02-2537-1099 ext 300-312	Main areas of responsibility: Datong, Zhongzheng, Zhongshan, Wanhua
	Northern Service Station	02-2537-1099 ext 500-512	Main areas of responsibility: Shilin, Beitou
	Taiwan Association of Family Caregivers	0800-507-272	Provides free advice on care related issues, social resources and referral services
Assistive Devices	Taipei City Heyi Assistive Device Center	02-7713-7760	Main areas of responsibility: Shilin, Beitou, Zhongshan, Datong
	Taipei City Western District Assistive Device Center	02-2523-7902	Main areas of responsibility: Zhongzheng, Wanhua, Daan, Songshan
	Taipei City Southern District Assistive Device Center	02-2720-7364	Main areas of responsibility: Xinyi, Wenshan, Neihu, Nangang

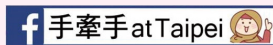


	Service Provider	Telephone No.	Services
Assistive Devices	Multifunctional, Assistive Device Resources Integration Promotion Center, Social and Family Affairs Administration, Ministry of Health and Welfare	02-2874-3415 02-2874-3416	
Dementia Advisory Groups	Taiwan Alzheimer Disease Association	0800-474-580	Provides information on dementia related medical care, welfare advice, care techniques, social welfare resources, etc.
	Taiwan Catholic Foundation of Alzheimer's Disease and Related Dementia	02-2332-0992	
	Catholic Sanipax Socio-Medical Service & Education Foundation	02-2365-7780	
Foreign Laborer Related Services	Taipei Foreign and Disabled Labor Office	02-2338-1600	Foreign laborers arrival notification, dispute mediation, protective settlement and departure verification, legal advice and guidance, cultural activities promotions, etc.
	Taipei Foreign and Disabled Labor Office Bilingual Advisory Service	Philippines (English): 02-2302-6632 Indonesian: 02-2302-6651 Vietnamese: 02-2302-6705 Thai: 02-2338-1600 ext 4119	



(III) Reference information

Video	
<p>Mennonite Christian Hospital Multilingual Health Education Platform - Home Care Video (Indonesian language version) http://blog.mch.org.tw/languages/indonesia/</p>	
<p>Taiwan Alzheimer Disease Association – Dementia Care Video (Chinese, Hoklo, Hakka, Indonesian, Vietnamese versions) https://www.youtube.com/playlist?list=PLp4bBvXVZA-ZI2_ahyxUhh9pegPQTUcNO</p>	
<p>UCLA - Alzheimer’s and Dementia Care Videos (English) https://www.uclahealth.org/dementia/caregiver-education-videos</p>	
<p>Dementia Care Techniques (Indonesian language) https://www.youtube.com/playlist?list=PL5QeHqphE5YAzrX8STNWas6jZ-R6LHf7R</p>	



Introduces employers and foreign laborers to care resources and multicultural issues



Taipei City Government Dementia Service Network

(IV) Carer Stress Level Self-Assessment Table

Carer Stress Level Self-Assessment Table				
After reading the 14 statements below, please tick which degree of frequency reflects your experience as a care worker	Never (0)	Rarely (1)	Occasionally (2)	Often (3)
1. I have to look after the patient even when I do not feel well				
2. I feel fatigued				
3. The work is physically difficult				
4. I am impacted by the patient's emotional ups and downs				
5. My sleep is disturbed (because the patient is unable to sleep at night)				
6. My health has suffered as a result of caring for the patient				
7. I feel mentally exhausted				
8. I find caring for the patient mentally difficult				
9. I cannot relax even when I rest				
10. I feel angry when I am with the patient				
11. I feel as if I have no one with whom I can share my feelings				
12. I have to keep my eye on the patient at all times				
13. I am unable to communicate well with the employer or patient				



Carer Stress Level Self-Assessment Table

After reading the 14 statements below, please tick which degree of frequency reflects your experience as a care worker	Never (0)	Rarely (1)	Occasionally (2)	Often (3)
14. I feel as though I am misunderstood and blamed				
Total				

Reference data: Taiwan Association of Family Caregivers

Grading system:

1. Each statement is graded 0-3, please pick whichever one best describes your situation and try not to think too long.
2. There are a total of 14 statements and a maximum score of 42. The higher your score the greater the level of stress.
3. A score of 14-25 indicates you are already experiencing symptoms of stress and need to pay more attention. If you have a score of 26-42 seek immediate assistance.
4. Forms of assistance: First inform and seek help from your employer, labor broker, relatives or friends. Alternatively, call the 1955 Ministry of Labor 24-hour Hotline, or the Taipei Foreign and Disabled Labor Office at 02-2338-1600.



(V) Care Work Handover Form

Care Work Handover Form		
Employer		<input type="checkbox"/> Often falls over <input type="checkbox"/> Poor hearing <input type="checkbox"/> Poor vision <input type="checkbox"/> Other illnesses: _____
Contact method		
Item	Details	Notes
Health status		(Detail physical health)
Character		(Detail character, defining traits)
Symptoms and behavior		(Detail symptoms and behavior)
Diet		(Detail dietary habits, meals prepared)
Medicine		(Detail medications and frequency taken)
Activities		(Detail activity content and method)
Wash or rinse the Patients		(Detail wash or rinse method and frequency)



Item	Details	Notes
Rehabilitation		(Detail rehabilitation content and method)
Dressing/ Undressing		(Detail preferred clothes and clothing habits)
Going to the toilet		(Detail toilet situation)
Bathing		(Detail bathing situation and items to note)
Afternoon nap		(Detail afternoon nap situation)
Sleeping		(Detail nighttime sleeping habits and time)
Visiting the doctor		(Detail doctor's visit needs and times)
Going outdoors		(Detail items to note outdoors)

※ This form should be filled in by the employer or original carer before the care work is handed over and presented to the new carer as a reference.





一、認識失智症

(一) 什麼是失智症？

阿娣來臺灣照顧阿公已經三年，最近阿公記性越來越不好，情緒起伏不定，常常莫名其妙發脾氣，阿公也頻繁向家人說他的東西常常不見，阿娣很擔心被誤會，主動和雇主人反應這陣子阿公的健康情形。

在親友的介紹下，阿公家人帶阿公去醫院就診，經醫師診斷阿公患的是輕度失智症。

阿娣感到驚訝又不安，不明白什麼是失智症。



失智症其實是一種病！

失智症不是正常老化的記憶力衰退，而是大腦喪失功能的疾病。主要是記憶跟許多大腦認知功能（如語言、空間感、計算、判斷、抽象、思考）減退，常合併有干擾異常、幻覺或妄想等不正常的行為症狀，影響生活和工作能力，嚴重時必須依賴家屬或看護協助才能正常生活。

(二) 常見的失智症精神、行為症狀

莉莎原本來臺灣是照顧失智症的陳爺爺，但最近陳奶奶也被診斷出得了失智症，常懷疑莉莎要下毒害她，不肯吃莉莎煮的食物；上一秒還跟莉莎有說有笑，下一秒就突然翻臉，晚上不睡覺而大吵大鬧。相較之下，陳爺爺只是默默的在家裡走來走去，不太愛理會別人、也不愛說話，莉莎覺得照顧陳奶奶比照顧陳爺爺累得多了。

她不解，明明都是失智症，為什麼兩個人的症狀差這麼多？

你知道失智症的症狀，每個人都不同嗎？

失智症是一種進行性退化的疾病，從輕度、中度、重度到末期症狀會隨疾病進行而進展。每一期疾病的退化時間都會因人而異，甚至每個人發生的症狀也都不相同，照護上需要彈性應對。

了解以下失智症常見的精神、行為症狀，可以協助照護者預作準備。

精神症狀	行為症狀
<ul style="list-style-type: none"> ★妄想 <ul style="list-style-type: none"> —東西被別人藏起來或偷走 —覺得有人要害他、食物有毒 —懷疑配偶不忠 —認為自己被遺棄 ★誤認 <ul style="list-style-type: none"> —把電視劇當真 —把鏡子的倒影當成是別人 —將陰影誤認為是坑洞 —認為逝去的親友還活著 ★幻覺（視、聽、嗅、觸）* ★焦慮、煩躁 ★情緒起伏大、情緒高昂 ★憂鬱、冷漠、事不關己 ★個性改變（猶豫、膽小、孤僻、暴躁） 	<ul style="list-style-type: none"> ★重複問同樣問題或做同樣動作 * ★表達及閱讀障礙 * ★失去生活功能及使用器物的能力 * ★踱步、激動、坐立不安 ★迷路、遊走 * ★日夜顛倒 * 或睡眠週期混亂 ★不合宜的脫序行為 * ★食慾及飲食改變 ★無端哭泣、咒罵或尖叫 ★喪失興趣及活動力 ★攻擊行為（言語或肢體） ★依賴 *

* 詳細請參照 P.77 詞彙解釋。



二、如何照護失智症患者

(一) 飲食照護



Q 1



失智者剛吃過飯，又跟我討飯吃怎麼辦？

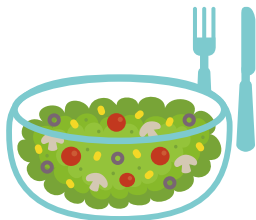
1. 溫和提醒他已經吃過了，下一餐時間還沒到，引導他看時鐘，認知現在的時間。
2. 將他吃飯時的樣子，連同背景的日曆、時鐘一起錄影、錄音，放給他看作為提醒。
3. 先讓他做別的事情，如告訴他：「好，我現在準備，要等一下才會好，你要不要先看看電視劇？」，將他的注意力轉移到下個活動上。
4. 一餐飯分成二到三份，一次只拿出一份來，等他要求再拿出下一份，這樣就不會吃得過量。

Q 2



失智者拒絕吃飯該怎麼辦？

1. 食物切小塊，煮得軟爛一點。
2. 清理桌面，保持乾淨。換素色的餐盤讓他可清楚看到食物，並準備易抓握的餐具，如粗柄湯匙、輔助筷、防滑餐墊。
3. 鼓勵他吃，但不要強迫，主動問：「想吃些什麼？」讓他有選擇權，或給他喜歡的食物、聽喜歡的音樂，讓心情變好，吃得比較多。





4. 鼓勵他多活動，安排出門運動或多動腦消耗熱量。若還是吃不多，可與雇主、醫生討論為他準備一些高熱量、高營養的食物（像酪梨牛奶、木瓜牛奶等）。
5. 盡量讓他自己進食，即使吃得慢或用手抓都無妨，不要斥責而讓他感覺吃飯是不愉快的事情。

Q3



失智者到處翻找食物，隨口胡塞，看到肥皂也不認得還拿起來吃，該怎麼辦？

1. 看到失智者翻找食物，溫和詢問：「你餓了嗎？我弄點心給你吃好不好？」，由照護者提供食物，避免他自己找吃的東西導致誤食、暴食。
2. 見到失智者吃不能吃的東西，溫和勸說並用替代的東西跟他交換，如告訴他：「這是肥皂，不能吃」，並拿出他愛吃的小餅乾交換肥皂。
3. 定時清理冰箱、垃圾桶，丟掉過期的食物，危險跟容易誤食的物品要收好，如餅乾盒內的乾燥劑、鑰匙、清潔用品、藥物等，存放在他看不到、拿不到的地方或加鎖保管。

Q4



失智者都不喝水怎麼辦？

1. 言語提醒、鼓勵他多喝水，如：「今天好熱喔，你的嘴唇很乾呢，我們喝點水吧？」、「醫生都說要多喝水才健康」，多做幾次、持續下去，培養喝水習慣。
2. 製作「吃」的水，如用洋菜、寒天作成類似果凍的食物，讓他容易吞嚥。





3. 諮詢醫生或營養師，能否提供他過去喜歡的飲料，如有的失智者喜歡茶、咖啡、果汁，或準備替代品：冰棒、綠豆湯、水果等。
4. 若他擔心來不及上廁所，主動每隔一段時間（如一個小時）就帶他去上廁所，平常委婉告訴他不要害怕來不及，讓他知道「即使尿濕褲子，也不會被嫌棄或責備」。



Q 5

失智者不肯吃藥怎麼辦？

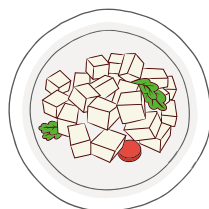
1. 不要強迫或斥責，將藥丸剪成小片、磨成粉，或請醫生換成好吞的藥水或藥粉。
2. 把藥磨粉加入飲食中，讓他不知不覺吃下去，也可將藥換成保健食品包裝，增加他服藥意願。另外，若排斥服用失智症的藥物，可更換包裝，把藥放在他長期服用的慢性病藥袋中。
3. 有些失智者會傾向聽醫生的話，可請醫生開「醫囑」（寫上請失智者按時服藥及時間），醫生當面簽名並交給失智者，當他拒絕吃藥時拿出來提醒。
4. 不可擅自停藥、改變藥量，觀察他吃藥前後的身心狀況，如果發現吃藥會引起不舒服的副作用，就醫時告知醫師。



Q 6

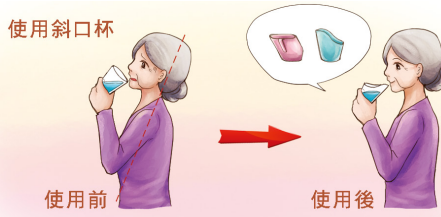
失智者喝水、吃東西都容易噎到，該怎麼辦？

1. 食物切小塊或切細碎狀。
2. 選擇質地較軟的食物，如豆腐、蒸蛋、魚肉等。
3. 固體跟液體食物分開吃。

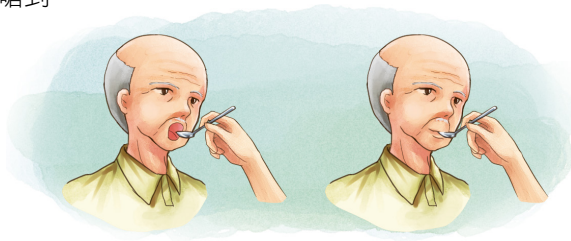




4. 在液體中加些寒天、洋菜、藕粉等增稠劑，增加黏稠度，以利吞嚥。
5. 喝水時可使用長嘴杯或吸管，控制一口的量，或用斜口杯讓喝水時的仰頭角度較小，避免嗆咳。



6. 如需餵食，照護者與失智者面對面坐著，失智者身體坐直、頭微微前傾，像一般人略低頭吃飯一樣。湯匙要放在失智者口內 1/3 的位置，讓他含住湯匙攝取食物，比較不容易嗆到。



(二) 清潔照護



Q1

該幫失智者挑選怎樣的衣服或鞋子比較好呢？



1. 夏天衣物要輕巧、吸濕、排汗涼爽，冬天衣物要保暖、避免厚重、方便活動。
2. 衣著簡單、容易穿脫，但不要太過合身，影響行動。



3. 褲子避免有拉鍊或扣環，挑選有鬆緊帶的款式。
4. 鞋子不要有綁帶，避免拖鞋這類容易絆倒、沒有包覆的鞋子，選擇側邊有黏扣帶或魔鬼氈的設計，可調節鬆緊，好穿脫。
5. 外出時，選擇正、背面強烈對比的衣物顏色，能在戶外迅速辨識出他的位置，減低走失風險。



Q 2

失智者每天在衣櫃前挑衣服挑很久，要怎麼辦？



1. 衣櫃裡只擺出 1～2 套衣服給他挑選。
2. 若有過去他喜歡穿或經常穿的衣服，可以拿給他並建議：「奶奶，這是你最喜歡的裙子，我們穿這件好不好？這件你穿上去很好看呢！」



Q 3

失智者挑好衣服後不知要怎麼穿或是穿錯順序，該怎麼幫他？

1. 將穿衣的順序排好，一次交給他一件衣服，如從左到右擺好襯衫、褲子、襪子、外套，先拿給他襯衫，讓他自己穿上後，再給褲子。
2. 在穿衣過程中給予簡單、拆解步驟的指令，具體提醒他下一階段要如何穿脫衣物，如：「穿上衣服」、「脫下襪子」。



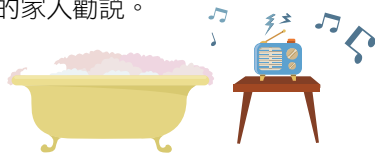
Q 4

失智者不願意換衣服，要怎麼勸他？

1. 嘗試用溫和口氣提醒：「爺爺的衣服髒了，我們先換一件，洗乾淨再幫你換回來」。當他願意換衣服時，給予讚美，如：「哇！換上這件就更帥了」。



2. 非當季的衣服，要在換季時收好，若他堅持在夏天穿毛衣，可以指著家屬或路人的衣服告知：「現在天氣熱，大家都穿短袖」，提醒他季節。
3. 若他執著於特定樣式、款式的衣服，平時可多準備幾套替換。
4. 請醫生或失智者最喜愛、信任的家人勸說。



Q 5



怎麼幫失智者洗澡？

1. 浴室室溫維持 22～30 度，地面跟浴盆要有防滑墊、扶手，注意沖水聲、抽風機聲音會不會過大，可用輕柔音樂或香氛營造輕鬆洗澡氛圍。
2. 不要強迫，選擇他心情好或運動完的時機點，比較容易讓他心甘情願洗澡。
3. 盡量讓他自己洗澡，照護者可在旁用語言提醒步驟。如要幫他洗，由獲得他信任的照護者或家人進行，較不會引起不安和排斥。
4. 簡化洗澡的步驟，像是洗頭時一併洗澡，並在過程中讓他參與動手。
5. 動作前都要事先告知，如：「我現在要幫你擦背」，動作要緩慢、給充足時間適應，並尊重他的隱私跟想法，可提供毛巾包裹給予安全感。
6. 善用輔具*，如：讓他用洗澡椅坐著洗，戴洗頭帽避免太多水在臉上。
7. 善用小物品轉移他的注意力，讓洗澡過程更順利，如：讓他拿著點心或飲料，照護者一邊洗、一邊讓他的注意力保持在飲食上。



8. 可分段洗，如：以一星期為單位，每天輪流洗身體某一部分。
9. 若與照護者肢體接觸會引發恐慌，嘗試套上毛巾或用沐浴棉，採取不直接肢體接觸的方式洗澡，或請他最喜愛的家人幫忙洗澡。
10. 照護者在幫忙洗澡時可穿上圍裙或輕便雨衣，保護自身隱私。

* 詳細請參照 P.77 詞彙解釋。

Q 6



失智者拒絕洗澡怎麼辦？



1. 勿強迫或責罵，等他轉換心情再鼓勵洗澡，可說明洗澡的好處，如：「爺爺等等要跟朋友吃飯，洗個澡再穿上好看的衣服，在朋友面前一定很有面子」。
2. 借助不小心將茶水打翻淋溼衣服，或等他運動流汗、如廁後，順勢洗澡。
3. 提供他過去習慣的洗澡方式，如把沐浴乳改成肥皂、蓮蓬頭改水瓢，並示範每樣用具的方法。
4. 分階段讓他習慣洗澡這件事，如先從泡腳開始，習慣後再到清洗下身，進而清洗全身。
此外，一開始可由他最熟悉、喜愛的同性家人幫他洗澡，照護者從旁協助，直到習慣後再由照護者單獨幫他洗澡。
5. 仍排斥洗澡，不強求天天洗，可改以濕毛巾擦澡。



Q 7



失智者行動不便，要怎麼幫他洗澡？

1. 使用便盆椅、洗澡椅，也可以坐在馬桶上（但要注意安全）沐浴。
2. 不一定要每天洗澡或固定在浴室洗，可每週帶到浴室洗一、二次，剩餘時間以擦澡的方式保持基本清潔。
3. 請僱主或家屬協助移位或起身。



Q 8



怎麼幫助失智者清潔口腔？

1. 餐後提醒他要刷牙、睡前把假牙拿下來清洗，養成他定時刷牙的習慣，並盡量讓他自己刷。
2. 牙刷、漱口杯使用他所熟悉的，更換時也要換成同款型、同顏色的用具，並選擇他喜歡的牙膏或漱口水。
3. 容易吞下牙膏時，可使用少量（約3公厘長度）牙膏，或直接挑選超軟毛牙刷，不用牙膏刷牙。
4. 若他忘記步驟，示範分解動作，幫助他記起如何刷牙。





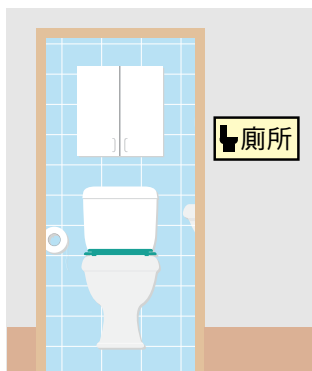
(三) 居家照護

Q1



失智者總是搞不清楚廁所跟房間位置，說要睡覺卻跑到廁所，該怎麼辦？

1. 關心詢問他進房間或廁所要做什麼，如有誤再指引他到正確的場所。
2. 家中要保持房門敞開、光線充足，讓他能在進去前清楚看到房內物品，判斷是否走對地方。
3. 在家中顯眼的走道跟房門放上文字、圖像跟箭頭，標示房間位置跟用途，也可在寢室門口貼上他的照片，讓他明白那是自己的房間。



Q2



失智者一直想趁著家人不注意溜出門，甚至爬窗戶，該怎麼辦？

1. 在窗戶上安裝他無法自己開啟的鎖。
2. 門上加裝風鈴、警示鈴聲。
3. 出入口用屏風、窗簾或障礙物遮擋，讓他找不到。
4. 詢問他出門的原因，再轉移注意力。比如他說：「要出門上班」，可以告知：「今天是周末不用上班，你的朋友不是說要來打牌，先看一下電視等他來好不好？」
5. 安排活動跟運動，如唱歌、參加社區聚會等。



Q 3



失智者晚上都不睡覺，但白天一直睡，怎麼辦？

1. 白天盡量不要讓他睡覺（尤其是中午前），可帶他外出散步、曬太陽，或進行他有興趣的活動，若打瞌睡，可給予聲、光刺激，打斷睡眠。
2. 晚上睡前不要喝太多水、咖啡、茶，以免頻繁如廁或睡不著。
3. 臥室溫度要適中，調暗燈光但留一盞夜燈讓他夜間醒來能找到廁所。
4. 向雇主反應，尋求醫生協助。



Q 4



要怎麼預防失智者在家中跌倒？

1. 地板防滑，保持乾燥，居家光線要充足。
2. 物品收拾乾淨，保持走道暢通，並避免陰影跟高低落差太大的地面。
3. 衣物寬鬆適中，腳上穿防滑鞋，避免赤腳走路。
4. 請雇主在浴室、樓梯加裝扶手跟防滑設施，床上加裝離床偵測器。
5. 鼓勵他使用拐杖或助行器。
6. 轉換姿勢或起床時放慢速度，並用扶手協助平衡。
7. 時刻跟著他、注意他的行動，不離他太遠。





Q 5



失智者長期臥床，有哪些要注意的事？

1. 至少 2 小時翻身一次，避免褥瘡 * 發生。翻身時可用輔具支托身體，如枕頭、毛巾、氣墊床。
2. 撫平床單、衣物皺褶，一旦潮濕要立刻更換。
3. 每天按摩身體、做關節活動 2 至 3 回，活動前可先熱敷關節 15 分鐘減少僵硬。
4. 不要躺著餵食，依吞嚥能力準備流質、細碎的食物，並注意是否有噎咳情況，等噎咳排除後才能再餵。
5. 經常失禁者，可考慮使用吸收良好的尿布，或在床上使用較為透氣的看護墊。
6. 留心傷口護理及感染，諮詢醫師、護理師照護方式，不要擅自用藥。

* 詳細請參照 P.77 詞彙解釋。



(四) 行動及外出照護

Q 1



想帶失智者出門，有哪些要事先準備或注意的事嗎？行動不便者可以出門嗎？

1. 出門前應先預作防止走失的準備工作：
 - 定期拍攝失智者近期清晰照片，提供意外走失協尋用。
 - 請雇主帶他到警察局按捺指紋。
 - 請雇主申請預防走失的愛心手鍊，於出門時配戴。
 - 可配戴衛星定位設備。
 - 替他縫製有姓名、地址、電話的愛心布標，雇主可向台灣失智症協會申請。



台灣失智症協會
愛心布標申請



愛心手鍊申請

2. 讓他知道有突發狀況要求助警察，並請託鄰里，若看到他獨自一人，協助通知照護者及雇主。
3. 行動不便者出門時使用輔具協助行走，如拐杖、助行器等，喪失行動能力或長距離的出遊則使用輪椅輔助。
4. 隨身攜帶他喜歡的物件或小點心，當他失控時，可轉換他的注意力；如情況未改變，盡快帶他離開當下的環境。

Q2



每次失智者聽到要看醫生或出門運動，就不願意出門，該怎麼才能讓他出門？

1. 利用健康檢查名義，將他帶到醫院進行身體健檢，順勢看診。
2. 藉口自己要看病，請他陪同就醫。
3. 透過他信賴的親友勸說他就醫或運動。
4. 不要透漏目的地，直接將他帶到醫院就診或外出運動。
5. 以他喜歡的東西誘導出門，如：失智者喜歡美食，可告知要去他喜歡的餐館。
6. 出門時，由照護者陪伴，時刻跟在身旁，減輕他的焦慮感。
7. 請鄰居、親友一起結伴運動，透過熟人穩定他在陌生環境中的情緒。





Q 3



陪失智者看醫生，要怎麼跟醫生描述他的症狀？

1. 記錄失智者的行為、精神症狀及服藥後的情形，母語記錄者可利用翻譯軟體，或口述請雇主以中文覆記，門診時可提供給醫生參考。
2. 說明是否有新症狀產生、症狀發生的時間、詳細情形等，如：「之前都很平靜，這幾天一到傍晚就變得特別暴躁，還會罵人……」
3. 描述上次就醫後按照醫囑處置後的變化，如服藥後的症狀，是好轉、變壞或產生副作用，像：「吃藥後就想睡、覺得噁心想吐、跌倒次數增加……」
4. 說明照護上最大的困擾，如失智者半夜大吵大鬧、時常在外脫衣服等，由醫生評估處理，並於下次看診時回報處理的結果有無改善症狀。
5. 若溝通有困難，雇主可請親友、居家照服員、社工陪伴失智者就醫。



(五) 溝通互動

Q 1



失智者同一個問題反覆一直問，該怎麼辦？

1. 口氣和緩、有耐心，放慢語速再回覆一次。
2. 利用他有興趣的事物轉移注意力，如他反覆問：「今天幾月幾號？」，回答時順勢轉移話題：「今天五月十號。快端午節了，阿嬤你好像每年都會包粽子給孫子吃？」



3. 有時失智者對掛心的事會過度緊張、反覆確認，所以有些事不用太早告知，像「明天要到醫院回診」可選擇隔天一早再告訴他。



Q 2



失智者常常講不出東西的正確名稱，拿錯了他又生氣，該怎麼辦？

1. 不要爭辯，加上細節詢問他想要的是什麼，如：東西是什麼顏色、用來做什麼的、經常放在哪裡、何時用過？
2. 主動提供選項，如他說：「我要打電話給他」，又說不清「他」是誰，可再以選項詢問：「是兒子？還是女兒？」
3. 根據情境猜測，反推詢問，若剛吃完飯，他說：「把那個拿來」，可猜測問：「你要刷牙嗎？所以是拿牙刷？」
4. 利用圖片或實體物品讓他指認。
5. 家中櫥櫃清理簡化，物品貼上名稱標籤，放在他們看得到、輕鬆拿的位置。



Q 3

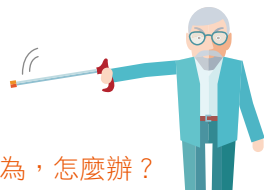


總是被失智者當壞人，誤會我偷他東西，怎麼辦？

1. 心平氣和回應：「我沒有拿，可能是掉在什麼地方了，等吃完飯我們再一起去找。」先請他做別的事情，讓他忘記這個話題；或邀他一起找，引導他自己發現物品，從而相信是他忘了而非被偷竊。
2. 告知雇主、尋求信任，讓失智者最親近的家屬，委婉幫照護者說話、給予稱讚，可以增加他的安全感，提升信賴度。
3. 積極學習失智者的語言，如中文、閩南語、客語，平時多和他聊天，建立良好關係，可減少發生誤會機率。



(六) 其他常見的行為及精神問題



Q 1



失智者很容易生氣甚至可能有暴力行為，怎麼辦？

1. 維護環境安寧、平和，如：降低周圍音量，說話語氣輕柔，播放柔和的音樂，讓他做喜歡的事、吃喜歡的食物，並注意生活作息要規律。
2. 避免在聲音或行為上惹怒他，不勉強他做不想做的動作，協助如廁、洗澡也時刻留心他的感受，當他抗拒就先暫停、中止。
3. 出現妄想、幻覺時不要糾正，如他說：「爸爸要帶我去公園玩。」別說破他的父親已過世的事實，順勢引導他到下一個活動：「爸爸還在回家路上，但要出門得換件好看的衣服，我們先洗澡、再換衣服，等一下他回來再帶你去玩。」
4. 當他生氣、想打人時，拉開安全距離，挪開周圍危險物品，口頭安撫或拿出他喜歡的物品轉移注意力，帶他離開現場。若無法安撫，照護者先離開現場，但仍時刻留心他的動向，無法因應時，應請求醫生協助。

Q 2



每天只要接近傍晚，失智者就容易混亂，說話聽不懂，情緒激動、亂發脾氣，怎麼辦？

此為「黃昏症候群*」，排除他是肚子餓或想上廁所等生理原因，因應方法可如下，情況嚴重再請醫生協助：

1. 規律作息，將每天的起床、吃飯、洗澡、睡覺等日常活動都定在同個時間，讓他習慣在特定時間做特定事情。
2. 減少黃昏時外出。可一起做些他喜歡的事轉移注意力，如果他堅持出門，就一起出門走走再回家。



3. 拉上窗簾，打開電燈，維持室內環境明亮，可減低他的焦慮。

* 詳細請參照 P.77 詞彙解釋。



Q 3



失智者裸露自己，或對照護者性騷擾，該怎麼辦？

1. 帶他到廁所，確認他裸露自己是否想上廁所。
2. 裸露時不指責，先轉移注意力，如拿喜歡吃的點心、飲料給他，讓他專注在進食上，幫他把衣服披上穿好。
3. 照護者避免衣著暴露，減少引發他行為的動機。他要伸手亂摸時，堅定和緩告知：「我覺得不舒服，請別這樣做」，或主動拉住他的手，增加他的安全感也能控制雙手，讓他不會碰觸到別人。
4. 安排各式各樣的活動，填滿他的空閒時間。
5. 告知雇主，安排失智者的同性家人陪伴如廁、洗澡、換衣服等涉及隱私的活動。

Q 4



失智者常常看到不存在的人或事物，怎麼辦？

1. 若他的行為無危險性，則順著話語應對，如他說：「家裡有小偷」，可先陪同尋找，過一會兒再帶他到客廳吃水果，不需要解釋「根本沒有小偷」這件事。
2. 讓家中光線充足、避免有陰影。清除如鏡子、地板反光、閃亮的裝飾等反光點，並避開可能造成他不安的環境事物，如不斷飄動的窗簾等。





3. 安排大量活動或簡單家務工作，讓他把精神放在活動上。
4. 平常要注意口渴、飢餓、疼痛、搔癢等需求，避免因身體不適引起幻覺。

Q 5



失智者在家中坐立難安、不停遊走，怎麼辦？

1. 在環境上增加清楚的路徑或位置標示。
2. 安排消耗體能的活動，或帶他出去外面散步。
3. 清除焦慮源頭，如噪音、反光、陰影等，陪他聊聊天，轉移注意力。
4. 若沒有太大干擾或安全疑慮，就當作運動沒關係，但要避免過度走路造成關節疼痛，可在他的路徑上放置能休息的椅子。



三、照護者的紓壓與調適

面對照護工作的問題，我可以：

(一) 當語言、溝通成為障礙時……



1. 降低語言障礙

- **運用肢體語言和其他資源**：用手勢、姿勢等協助說明，或使用圖片、實體物品表達意思，亦可透過翻譯工具協助對話。
- **語言學習**：多和雇主及失智者互動溝通、熟悉中文，或利用看電視、上網等方式記憶中文簡單語句。另外，也可參加政府勞動機關、相關社福單位舉辦之語言學習課程提升中文能力。

※ 新北市勞工局出版「溝通無障礙！隨身字圖卡」內含中、印、泰、越、菲語生活詞彙及圖片對照，幫助家庭看護者有效學習及溝通。

掃描下方 QR Code
可下載電子檔



2. 善用技巧與失智者溝通

- **面帶微笑、身體接觸**：面帶笑容，可給予輕柔握手或觸摸，讓他有安全感。
- **減少干擾、眼神交流**：在安靜的環境中交談，溝通時要有眼神交流，確保他的注意力集中在說話內容上。
- **語速放慢、重複解釋**：減緩語速、控制音調不要過高或過低，可重複解釋說話內容。
- **簡單扼要、其他輔助**：話語內容簡單且有重點，一次只說一件事，也可透過實物、圖片等幫助說明。



- **避免催促、鼓勵回答**：不要催促他回應，給予一段時間，嘗試用鼓勵的方式讓他表達意見。

(二) 對於文化及習慣不適應時……

1. **反應溝通**：可和雇主討論、溝通飲食習慣或文化習俗，建立雙方都能接受的平衡點，如雇主同意，照護者可準備符合自己口味的餐點，或執行照護者信仰的宗教儀式（如齋戒月）。
2. **自我調適**：嘗試多瞭解臺灣文化與習俗，逐步調整自我觀念，慢慢接受新環境帶來的挑戰，為自己找到合適的生活方式，改善異國生活帶來的陌生感。
3. **團體支持**：和親友傾訴，亦可參加官方、民間團體舉辦的活動，如臺北市開齋節、One-Forty、燦爛時光東南亞主題書店、南洋姐妹會舉辦的活動，或藉由母語報紙、廣播、電視節目等，排解思鄉情緒、紓解壓力。

(三) 面對照護工作帶來的情緒及壓力……

1. **理解溝通**：理解失智者由於疾病而無法控制行為，他的生氣、指責、謾罵不一定是針對自己，因此不要過分責備自己，嘗試以不同方法及技巧化解，並與雇主適時溝通、討論照護問題，讓他理解工作情形。
2. **尋求支援**：照護上的困難，可向雇主、醫生求助。若與雇主產生嚴重衝突，可尋求仲介或勞動單位予以協調。另藉由簡易的檢測量表，確認自我心理壓力指數，並透過休息或外在紓壓、諮商管道紓解心理負擔。（照護者壓力自我檢測量表請參考 P.81）
3. **自我保護**：在心理壓力方面，要適時向雇主、親友分享心情感受或挫折，並時常給予自己鼓勵，對無法控制的事及變化不要怪罪自己，避免造成心理疾病。對於暴力、騷擾行為，嘗試技巧性避開，再轉移失智者注意力，避

免受到生理傷害，同時亦須告知雇主，調整照護方式，若無法改善，則通報仲介或相關機構，尋求社會資源協助。



※ 申訴管道：

- 113 保護專線：家庭暴力、性騷擾事件通報或求助諮詢，提供多種語言通譯服務。
- 1995 勞動部外籍勞工保護專線：24 小時求助諮詢專線，提供多種語言通譯服務。

（四）對失智症或照護技巧不了解時……

1. 照護工作交接：由雇主、原照護者在交按照護工作前，填寫照護工作交接表單，交給後續照護者，以利工作順利進行。（照護工作交接表請參考 P.82）
2. 依循照顧計畫：請雇主訂定照顧計畫，如病人的整日作息行程、注意事項，亦包含適當的照護者用餐、休息時間，按表執行，可減輕工作難度。日後可依失智者病程，調整照顧計畫，因應特殊情況。
3. 運用照護資源：請雇主向當地醫療院所或長照中心洽詢照顧技巧訓練課程，或申請護理師到家教學，若需要技術性的醫護服務，可申請居家護理訪視，由專業人員進行護理指導及服務事宜。
4. 申請免費到宅訓練：請雇主申請護理師及通譯人員共同到宅，以一對一的指導方式，提供照護者必要、合適的照顧技巧指導及生活關懷。

※ 申請方式：

電話洽詢《臺北市勞動力重建運用處》02-2338-1600。



(五) 照護小幫手

1. **輔具資源**：申請方便失智者生活、行動的輔具，減輕照護時體力上的消耗與負擔。
2. **交通接送**：行動困難的失智者往返醫院就醫或復健，可申請交通接送服務，減輕交通過程的照護負擔。
3. **喘息服務**
 - **機構式喘息服務**：將失智者送至長照住宿式機構接受短期的全天停留，提供 24 小時的照顧服務。
 - **居家式喘息服務**：照顧服務員到家中提供照顧服務，有 6 小時及 3 小時兩種不同服務時段。
 - **社區喘息服務**：讓失智者到日間照顧中心、小規模多機能服務中心或巷弄長照站接受臨托照顧，可提供夜間喘息服務。

※ 上述三點申請方式：

電話洽詢《1966 長照服務專線》或《臺北市長期照顧管理中心》，請參考 P.78 各區專線。

4. **外展服務**：參加社福單位舉辦的社區失能外展服務，除了讓失智者擁有社交互動，照護者也可接受諮詢輔導，紓緩身心壓力。

※ 服務資訊：

電話洽詢《臺北市家庭照顧者支持中心》，請參考 P.78 各區專線。





四、附錄

(一) 詞彙解釋

詞彙	解釋
幻覺	1. 視幻覺：如看到家裡出現已逝世的親友。 2. 聽幻覺：如四周沒人卻聽到有人在叫自己。 3. 嗅幻覺：如一直聞到消毒水味。 4. 觸幻覺：如覺得有蟲在身上爬。
重複語言／行為	反覆問同樣問題、做同樣的事，例如： 1. 語言：即使得到答案仍不停問今天幾月幾號。 2. 行為：每隔十分鐘就去上廁所。
表達及閱讀障礙	無法完整說出一句話，對於人、物叫不出名稱，或不能了解文字意思。
失去生活功能	無法自己處理生活上的活動，如吃飯、洗澡、上廁所等。
失去使用器物的能力	無法正確使用物品，如不會開水龍頭。
遊走	漫無目的、不斷來回徘徊的行為。
日夜顛倒	白天睡覺，晚上不睡、起來活動的作息。
黃昏症候群	傍晚時失智者坐立不安、激躁、易怒或意識混亂的情形會比平常劇烈，甚至持續到夜間。
不合宜的脫序行為	失智者的行為不合年齡，也不該在目前的環境或情境中做出，如：暴飲暴食、在大庭廣眾下脫衣服、隨地小便。
依賴	希望照護者一直在身旁，只要找不到對方就會產生恐懼、焦慮不安的情緒。
輔具	協助處理日常生活問題的器具，如：輪椅、發出聲音的智慧藥盒、便盆椅等。
褥瘡	因身體局部承受外在持續壓力，血流供應受阻，致局部皮膚起水泡、破皮、壞死，潮濕、衣褲不平整都容易造成褥瘡。

**(二) 社會資源**

		服務項目	連絡電話	
緊急專線		緊急報案、救護電話	110、119	
		全國家庭暴力、性騷擾事件通報或求助諮詢	113 (提供英、越、泰、印尼、柬埔寨語通譯)	
		勞動部外籍勞工 24 小時諮詢保護專線，提供法令諮詢、受理申訴、法律扶助、轉介保護安置及轉介其他部門服務	1955 (24 小時全年免付費，提供英、越、泰、印尼語通譯)	
		服務提供單位	連絡電話	服務項目
長照、輔導資源		衛生福利部長照服務專線	1966	透過語音選單，將轉交到縣市的照管中心，只要符合資格，將派員到家進行評估，依需求提供照顧計畫(前 5 分鐘免費)
		臺北市家庭照顧者支持中心	提供家庭照顧者照顧安排諮詢服務、居家照顧技巧指導、心理協談、照顧技巧訓練講座、紓壓活動、支持團體、臨時替代服務及志工關懷服務	
		東區	02-7703-1972	主責區域：中山、松山、南港
		南區	02-2311-4678	主責區域：中正、信義、文山
		西區	02-2308-5739	主責區域：大同、萬華、大安
		北區	02-2838-1571 轉 252、258、214	主責區域：士林、北投、內湖
		臺北市長期照顧管理中心	提供長照資源諮詢，若要申請長照資源，也需照管中心聯繫安排相關需求之評估	
		東、南區服務站	02-2537-1099 轉 200-225	主責區域：南港、內湖、信義、松山、大安、文山
	中、西區服務站	02-2537-1099 轉 300-312	主責區域：大同、中正、中山、萬華	

	服務提供單位	連絡電話	服務項目
長照、 輔導 資源	北區服務站	02-2537-1099 轉 500-512	主責區域：士林、北投
	中華民國家庭照顧者關懷總會	0800-507-272	免費提供照顧問題與社會資源諮詢及轉介服務
輔具 資源	臺北市合宜輔具中心	02-7713-7760	主責區域：士林、北投、中山、大同
	臺北市西區輔具中心	02-2523-7902	主責區域：中正、萬華、大安、松山
	臺北市南區輔具中心	02-2720-7364	主責區域：信義、文山、內湖、南港
	衛生福利部社會及家庭署多功能輔具資源整合推廣中心	02-2874-3415 02-2874-3416	
失智 症 諮詢	台灣失智症協會	0800-474-580	提供失智症就醫資訊、福利諮詢、照護技巧、社會福利資源等訊息
	天主教失智老人基金會	02-2332-0992	
	天主教康泰醫療教育基金會	02-2365-7780	
外籍 移工 相關 資源	臺北市勞動力重建運用處	02-2338-1600	外籍移工之入國通報、爭議協調、庇護安置及離境驗證、法令諮詢與宣導、文化活動之推廣等事項
	臺北市勞動力重建運用處雙語諮詢服務	菲律賓（英）語： 02-2302-6632 印尼語： 02-2302-6651 越南語： 02-2302-6705 泰語： 02-2338-1600 轉 4119	



(三) 參考資料

影片資源	
門諾多語族衛教平台—居家照護影片（印尼語版） http://blog.mch.org.tw/languages/indonesia/	
台灣失智症協會—失智症照護影片 （含中、台、客、印尼、越語版） https://www.youtube.com/playlist?list=PLp4bBvXVZA-ZI2_ahyxUhh9pegPQTUcNO	
加州洛杉磯大學分校—失智症護理系列影片（英語版） https://www.uclahealth.org/dementia/caregiver-education-videos	
失智症照護技巧（印尼語版） https://www.youtube.com/playlist?list=PL5QeHqphE5YAzrX8STNWas6jZ-R6LHf7R	



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提供雇主、移工認識照顧
資源、學習多元文化



臺北市失智症服務網



(四) 照護者壓力自我檢測量表

照護者壓力自我檢測量表				
請您在看了下列 14 項敘述後，就您實際上照護的情況，勾選後面的分數。	從未 (0 分)	很少 (1 分)	有時 (2 分)	常常 (3 分)
1. 身體不舒服時還是要照顧他				
2. 感到疲倦				
3. 體力上負擔重				
4. 會受到他的情緒影響				
5. 睡眠被干擾（因為病人在夜裡無法安睡）				
6. 因為照顧他讓您的健康變差了				
7. 感到心力交瘁				
8. 照顧他讓您精神上覺得痛苦				
9. 即使休息仍無法放鬆				
10. 當您和他在一起時，會感到生氣				
11. 覺得無人可傾訴心情				
12. 您必須時時刻刻都要注意他				
13. 與雇主、病人無法順利溝通				
14. 覺得受到誤會而委屈				
總 分				

參考資料：中華民國家庭照顧者關懷總會

量表計分：

1. 每題的分數從 0 分到 3 分，請依照您的狀況直接填寫，不須思考太多。
2. 共 14 題，總分以 42 分為滿分，分數越大代表您的壓力越大。
3. 量表總分 14 ~ 25 分，代表已有些壓力徵兆須注意。總分 26 ~ 42 分，建議立刻尋求協助。
4. 協助管道：可先向雇主、仲介、親友傾訴、求助，或撥 1955 勞動部 24 小時外勞諮詢專線、臺北市勞動力重建運用處 02-2338-1600 尋求協助。




(五) 照護工作交接表

照護工作交接表		
項 目	敘述說明	備註
雇 主		<input type="checkbox"/> 易跌倒 <input type="checkbox"/> 聽力差
聯絡方式		<input type="checkbox"/> 視力差 <input type="checkbox"/> 其他疾病：_____
項 目	敘述說明	備註
健康狀況		(填身體健康狀況)
個性特質		(填性格、特質)
症狀行為		(填症狀、行為)
飲 食		(填用餐習慣、備餐內容)
服 藥		(填服藥內容、次數)
活 動		(填活動內容、方式)
洗 漱		(填洗滌方式、次數)

項 目	敘述說明	備註
復 健		(填復健內容、方式)
穿 衣		(填穿衣喜好、習慣)
如 廁		(填如廁狀況)
洗 澡		(填洗澡狀況、注意事項)
午 睡		(填午睡狀況)
就 寢		(填夜間就寢習慣、時間)
就 醫		(填就醫需求、時間)
外 出		(填外出注意事項)

※ 由雇主或原照護者於照護交接工作前填寫，交予後續照護者





守護記憶 陪伴無憂 —聘僱移工家庭失智症照顧手冊

發行人：葉琇姍

指導單位：臺北市政府勞動局

發行單位：臺北市勞動力重建運用處

服務地址：10851 臺北市萬華區艋舺大道 101 號 4、5 樓

服務電話：02-2338-1600


服務網址：<https://fd.gov.taipei/>

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執行編輯：周鈴珊、賴晨亞、林宜儒

編排設計：加斌有限公司

出版日期：2019 年 11 月初版





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