REALITY ORIENTATION

PURPOSE:

1. To re-engage the resident socially and psychologically.
2. To reinforce acceptable behavior.
3. To minimize confusion and retard memory loss.
4. To distract the resident and stop stressful behaviors and thoughts.
5. Orientation refers to the resident's accurate recall of time, place and person.
6. To enable the resident to comprehend and develop an awareness of the environment, sense of self and others.

PROCEDURE:

1. Interview the resident and ask pertinent questions to assess the degree of memory loss and behavioral patterns.
2. Inquire about current and past events, lifestyle and basic identification information.
3. Instruct all personnel to carry on reality orientation 24 hours a day and to explain all procedures to family and to encourage participation.
4. Maintain a constant environment around the resident, if possible.
5. Assist resident to identify simple objects and persons.
6. Establish regular routine for daily activities and do not vary routine. Plan routine around resident's customary routine at home.
7. At each staff-resident interaction, identify yourself by stating your name and position. Explain all procedures.
8. Encourage resident to play radio or television and read newspapers and periodicals. Read to resident if he/she is unable to read.
9. Tell the resident the time of day frequently.
10. Utilize the therapeutic value of touch. This provides gentle contact and sensory stimulation for the confused resident.
11. Re-establish awareness of role as parent or grandparent by showing photographs of family if available.
12. Encourage personal visits, telephone calls and letters from friends and family. This will counteract the feeling of isolation.
13. Motivate resident to take interest in personal appearance. Use mirror to maintain contact with present body image.
14. Determine resident's former interests and converse about the past; BE A GOOD LISTENER. Life review is a therapeutic coping mechanism utilized by the elderly.
15. Identify day and date, pointing at the calendar and repeating.
16. Constantly pace all verbal stimuli. DO NOT TALK TOO FAST.
17. If resident is distressed, guide the conversation to positive issues.