



## Multiple Sclerosis (MS)

**Purpose/Goal:** Care partners will have an understanding of Multiple Sclerosis and will demonstrate safety and promote independence while providing care to the client with MS.

### Introduction

Multiple Sclerosis is a chronic, frequently progressive disease of the central nervous system. It is characterized by inflammation of the tissues and proliferation or rapid reproduction of plaque buildup on the tissues of the central nervous system. The nervous system involves the brain and spinal cord.

The causes are unknown however it is believed that infection by a slow moving virus or abnormalities with the immune system are related to the disease.

MS can be one of the most disabling of the neurological diseases that strike young adults during their most productive years (20-40 years of age). A number of MS patients have little or no disability for many years after diagnosis.

### Signs and symptoms include:

- Fatigue and weakness
- Abnormal reflexes, either absent or exaggerated
- Impaired vision
- Tremor, uncoordinated movements
- Sensation of numbness, prickling or tingling
- Bladder and bowel dysfunction including incontinence
- Skin breakdown related to immobility, sensory loss, and spasms
- Impaired position sense
- Slurring of words
- Emotional, euphoria and depression

### Intervention and Management

- Always include the client in their care and joint decision making
- Assist with muscle strengthening and range of motion exercises per care plan and supervision of trained therapist.
- Avoid muscle fatigue.
- Encourage walking exercise per care plan.

- Use assistive devices as ordered.
- Help the client living with vision and speech impairment by utilizing eye patch, (to block double vision) and work with speech therapy as ordered.
- Monitor for signs and symptoms of bladder infection (odor, appearance, altered mental status, frequency, burning, decreased urine output)
- Ensure adequate fluid intake.
- Monitor bowel control and increase fluids and fiber intake to avoid constipation.
- Prevent skin breakdown.
- Promote independence as much as possible with ADLS (activities of daily living).
- Help with coping mechanisms.

### **Nutritional considerations**

Food is not just about nutrition it is about emotions, culture, and being social. Symptoms and medications can get in the way of absorption of vitamins and minerals and compromise good nutrition, but for people living with MS nutrition is very important.

The best advice for our clients who have MS is the same as for everyone:

- Eat a low fat diet with plenty of grains
- Vegetables and fruits
- High-protein foods like meat or dairy products
- Balance calories in with the amount of physical activity

A person living with MS can become fatigued very easily; therefore three big meals may be overwhelming. Five or six smaller meals throughout the day may be easier to manage. Food is fuel so missing meals can create loss in energy levels.

### **Clients adapt to illness in many ways:**

- Frustration
- Anger
- Denial
- Depression
- Withdrawal
- Resentment

Help the client stay in control. Allow time for the client to vent feelings suppressed anger is destructive.

Allow the client to make decisions and take part in their own care. Allow time for activities of daily living and promote independence by focusing on the client's strengths and abilities.

<b>Homewatch CareGivers University MS</b>	<b>Objectives</b>	<b>Description</b>
Multiple Sclerosis	<ul style="list-style-type: none"> <li>• Discuss the risk factors associated with MS</li> <li>• Recognize the symptoms and methods of diagnosis</li> <li>• Describe the various treatment options</li> </ul>	Multiple sclerosis (MS) is a chronic neurological disease. This short course will give you the information needed to begin to understand treatment.
Recognizing and Responding to Pain	<ul style="list-style-type: none"> <li>• Explain why pain is important in the care of the elderly.</li> <li>• List three signs of pain in the elderly.</li> <li>• List two symptoms of pain that must be reported immediately.</li> <li>• List three ways to treat pain other than medication.</li> </ul>	This course is designed to help care partners to recognize signs of pain in an elder being cared for at home or in a facility, and then to respond and document appropriately.
Dysphagia: Choking is not the Only Indicator!	<ul style="list-style-type: none"> <li>• Tell the definition of dysphagia</li> <li>• Examine how various diseases/etiologies may cause dysphagia</li> <li>• Explain the consequences and repercussions that a person with dysphagia may face</li> <li>• Relate the various signs and symptoms that may indicate dysphagia</li> <li>• Plan basic methods for treating dysphagia</li> <li>• State how care partners can help in managing dysphagia</li> </ul>	Dysphagia or the inability to swallow can be serious for a resident. It is very important for the CNA to understand this very subject.
Bowel and Bladder Care and Training	<ul style="list-style-type: none"> <li>• Identify three bowel and bladder terms.</li> <li>• List the three elder or patient rights in bowel and bladder care.</li> <li>• Describe proper care of the incontinent person.</li> <li>• Describe a bowel and bladder training program.</li> </ul>	The goal of this in-service is to teach and/or review bowel and bladder care for the care partner.

<b>Homewatch CareGivers University MS</b>	<b>Objectives</b>	<b>Description</b>
Immobility Dangers	<ul style="list-style-type: none"> <li>• Define immobility and describe the problems it causes.</li> <li>• List several physical, mental and social causes of immobility.</li> <li>• Describe what happens to muscles, joints and bones when they are not moved.</li> <li>• Explain the role of the care partner in preventing the dangers of immobility.</li> </ul>	Immobility spells danger for any age group, especially the elderly. This course will identify the various causes of immobility and present strategies to prevent and review treatment effects of immobility.
Care Basics: Range of Motion for the care partner	<ul style="list-style-type: none"> <li>• Identify when Range of motion is needed and define common terms</li> <li>• Examine how to properly perform Range of Motion</li> <li>• Describe how to safely incorporate ROM during ADL Activities</li> </ul>	A lack of mobility can lead to pain, discomfort, and a significant decrease in independence. Therefore, including Range of Motion (ROM) activities in a client's daily routine is an important component of care giving. By learning about the causes of decline and ways to prevent contracture, we encourage independence and a better quality of life for our clients.
Patient Mobility: Transfer Skills	<ul style="list-style-type: none"> <li>• State why transfer training is important.</li> <li>• List three ways to have good body mechanics.</li> <li>• List three steps in standing transfers.</li> <li>• Describe what kind of person will need a sitting transfer.</li> <li>• List the safety precautions for floor transfers.</li> </ul>	To review transfer skills for the nursing assistant who cares for persons with decreased mobility.

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Prevention of Pressure Ulcers – How you can help	<ul style="list-style-type: none"> <li>• Define pressure ulcers</li> <li>• List 7 risk factors for the development of pressure ulcers</li> <li>• Describe the main causes of pressure ulcers</li> <li>• List 5 things you can do to help your patients</li> </ul>	The care partner has a very important role in preventing pressure ulcers. Their observation skills and quick reporting of

### **Care Partner Competencies**

The expectation is to demonstrate steps in the correct order. An observer will grade performance using a competency assessment observation form. These courses list the steps that are expected and the rationales that explain why you perform some of these steps.

- Assist with Walking
- Position client in supine to sit on edge of bed
- Check Skin
- Encourage/Assist with Range of Motion
  - Involve any outside therapies in training