



December 2015 Commitment to Care Quality Topic

**Focus on:** How well do you know your residents?

***Understanding the Military Veteran in Long Term Care***

**Knowing** each resident as an individual is the key to providing effective care that will lead to positive outcomes and a high quality of life for your residents. It can also lead to better relationships between staff and residents. In addition surveyors expect facility staff to know their residents well and provide holistic care to them based on their individual needs.

Do you have military veterans who reside in your nursing facility? If so, do you know their rank, branch of the military or if they served in a combat zone?

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***“Does your staff know these things about the Veterans they are caring for?” Kathy Johanns, Program Administrator, Texas State Veterans Homes, Texas General Land Office***

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There are many unique aspects of military veterans that should be considered when developing their individualized plan of care.

Do any of your veteran residents experience falls, difficult to understand behaviors, nightmares (sleep terrors), dietary issues, or medication issues? As with any resident, the better we understand our military service veterans, the better care we can provide quality care to them and ultimately reduce risk and liability.

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***“It’s imperative for nurses in all civilian care settings to understand the impact that military service has on veterans’ health.” Enhancing Veteran-Centered Care: A Guide for Nurses in Non-VA Settings, published by the American Journal of Nursing (AJN) \*Link to this article is posted on the Commitment to Care Topic of the Month webpage.***

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### ***Varied reasons for and outcomes of military service***

How and why a veteran joined the service, including whether they were drafted or enlisted, also plays a role in behaviors. Some are proud of their service and enjoy talking about their experiences, while others may have fear and even great remorse over what they saw and the things they may have done. These feelings can play a role in their everyday life such as if they will attend activities, eat meals in the dining room or even wait for or ask a caregiver for assistance. Care givers should never assume that just because one is a veteran that they enjoy watching movies about war, especially if the resident is unable to communicate. These movies may cause outbursts in behavior and even nightmares.

Military and combat experience often changes a person. The many facets of military experience, whether in combat or not, can change brain functioning and drive people to behave differently and even change which medications should be used for veterans especially those with Post Traumatic Stress (PTS).

Different war periods also play a significant role as well. Where the WWII veteran came home to a hero's welcome, Vietnam veterans came home to a political firestorm, and the Korean "conflict" veteran wasn't even acknowledged as participating in a war at all.

### ***Benefits of knowing our veteran residents***

**Knowing** a veteran's military history can be vital to providing the best care. If we know that a veteran has nightmares or flashbacks to a time in Korea or Vietnam, we can change the veteran's sleep environment to alleviate the sounds that might be causing the flashback. If we know that a veteran is falling out of bed at night and was a POW, after further assessment, we might find they are trying to "escape over the wall" or refuse to shower because they may have experienced water boarding. Triggers happen often, the Veteran may not be entirely aware of the trigger but often feel the angst "clear to the bone."

The AJN article cited earlier in this article also brought out that a large retrospective study found that 50% of U.S. veterans are suffering from chronic pain. Another study mentioned that the most common sites of veteran related chronic pain was that of the back. A further study mentioned that the prevalence of back pain and musculoskeletal and joint conditions increased significantly between the first and the seventh year postdeployment. Several therapies are discussed in the article as options which include

massage, acupuncture, aromatherapy and others. It's important for staff to be vigilant in their pain assessments as many veterans won't self-report pain.

Dementia and PTS can be very similar with some veteran behaviors. If there is confusion, agitation or short term memory loss, the medication prescribed may be for dementia. But knowing that the veteran has PTS can direct the nursing staff to speak to the physician to seek orders for a different and more appropriate medication for sleep or anxiety. PTS can also result in irritability and social isolation.

Many veterans have particular likes and dislikes related to their diet. Some enjoyed the SOS (meaty gravy typically served on toast) that was served many times on a daily basis. Others as a result of this repetitive diet are disgusted by any type of gravy on their food and those who served and were POW's in Japan have the same responses to rice and fish which was their only source of nutrition. For this reason, it is important to ascertain these preferences on admission.

### ***Military Service Information Tool (MSIT)***

To help nursing facility staff better assess the needs, preferences and desires of military veterans, the Veteran's Land Board, has produced the ***Military Service Information Tool*** \*A link to the MSIT word document is posted on the Commitment to Care Topic of the Month webpage and can be modified for your facility's needs. The tool has questions about military service history, injuries, experiences and medical diagnosis related to military experience. Once the staff at the facility has this information, it can be used to develop resident centered interventions specific to the individual veteran.

Residents (both male and female) or their responsible party should be asked if they have ever served in the military. The veteran and responsible party can be asked to complete the MSIT upon admission. Since often the family is more aware of what triggers a veteran has, than the veteran themselves, it's a good idea to have both the veteran and the responsible party complete the form.

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***“When staff knows that they are caring for a Veteran, the Military Service Information Tool can help them build a strong relationship with the resident and in turn create higher job satisfaction and result in increased loyalty and understanding of that veteran.” Robin Hayes, RN, V.P. Clinical Services, Veterans Land Board Division of Touchstone Communities***

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