3-284 Dealing with aggressive behaviour

TIPS Question:

We have a resident who was admitted to our unit 1 month ago. The resident in question is in the advance stages of Alzheimer Disease. He has lost the ability to communicate, dress himself and do any personal hygiene. He is very agitated, pacing and has shown episodes of aggression toward staff when they are trying to provide care. He often undresses in the hallway, spits on floor, does inappropriate voiding on floor, rummages in other residents' rooms. Staff are very distressed as are other residents. The DOS assessment tool was started. The Mini mental was done and he scored very low. Presently taking Aricept 10 mg po daily, Ativan 1 mg po QHS, Risperdal 1 mg po QHS, Risperdal 1 mg po at 16:00, Risperdal 0.5 mg po at 8:00, Seroquel 25 mg po at 16:00. Resident still very agitated, and aggressive. Do you know of any other tip that could control aggressive behaviour and reduce wandering and agitation?

What are the significant factors you have learned as a result of working through the six-question template?

- The behavior is physical aggression, agitation.
- It affects the staff, and other resident.
- The degree is high because he already hit one of the nursing staff and there is a potentially of other resident.
- The possible cause could be frustrations, new environment unknown to him.
- The strategies tried at the moment are medication trial, private room, family contact daily, staff using short easy questions.

Response:

When you are faced with a client, who in spite of your best efforts, continues to exhibit behaviours you are trying to understand and find strategies to reduce, remember that P.I.E.C.E.S. is built on a foundation of Partners in Care. Begin to think who else can assist you in care of this gentleman. Could a speech and language pathologist assist with teaching staff communication with aphasia? Would use of words or symbols help in communication?

In your question, you have begun the P.I.E.C.E.S. process. Who else on your team can assist you to really explore in greater detail, the possible causes to this man's aggression and agitation. Try to look at the acronym again and explore possibilities. Remember observations, such as the DOS you have begun, can provide you with objective data on the behaviours we are flagging and reporting.

Physical: Remember the 5 Ds. Could a pharmacist and a specialized geriatric assessment team assist you in a drug review? Does understanding advanced dementia assist staff in seeing this behaviour in a different light? Have you considered I WATCH DEATH in screening for a possible delirium, especially if this behaviour is a change from previous behaviours? Are there possible infections especially a UTI?

Intellectual: Think in terms of the 7As to gain greater understanding of his behaviour. Is his reference for time, a different year? Where in time does he believe himself to be? Can you connect social life story information with behaviours you currently are seeing in terms of the 7As?

Emotional: Using the Cornell, you might gain some understanding of a possible depression.

Capabilities: Have you explored his capabilities? For example, can he still read? If he can, can you use words on doors to say, do not enter, to avoid rummaging in other people's rooms?

Environment: Are toilet's highly visible? When he takes his clothes off, is he responding to a need to urinate? Can his clothing be modified to avoid this from happening (only after all other strategies are trialed)? Do door barriers (the Velcro straps across doors) stop him from going into other rooms?

Social: What is his ability to interact with others? Does he still have visitors? Would the Pro-Attention Plan improve his behaviours? Does staff avoid him because of his behaviours? Can family members give you any insight into some of his behaviours? What did he do for a living? Is there a connection to his spitting on the floor? Does he think he is outside?

These are some ideas to consider. When working with your team, you can think of even more ideas, since all of you know this man.

Sometimes, we can improve behaviours, but not eliminate them altogether. To be able to show if behaviours are decreasing, the DOS is an excellent tool to repeat in the future. Also, the Cohen Mansfield Agitation Inventory can provide more detail to the nature of his agitation and aggression.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*