3-751 Resident refusing care

TIPS Question:

73-year old resident admitted to a home for the aged one year ago. He is a retired farmer, weighs 93 kg and has insulin-dependent diabetes mellitus, Alzheimer Disease, depression, and has had prostectomy, hernia repair & cholecystectomy. The behaviours he demonstrates are hoarding in his room, verbally abusive & physically aggressive to staff when cleaning his room or providing personal care. He often refuses to bathe or change garments even when incontinent and at times wears layers of clothing. He attempts to do own personal care by removing his diaper and leaves it on floor or in bathroom sink. He is on antidepressants, antipsychotics, and a cholinesterase inhibitor but these do not seem to have any effect. The staff are having a difficult time in dealing with these behaviours. We have brainstormed but have been unable to come up with a perfect care plan. What are some strategies to help us deal effectively with this gentleman in order to meet his needs?

Response:

Your question poses many care planning challenges. You have assessed the care plan and are now re-evaluating your plan to consider other strategies.

What stands out initially in this scenario, and maybe the factor most impacting care, is this gentleman's personal history. You do not indicate if this gentleman is married/widowed or single, but given his farming background one could assume he is not used to communal living. It would be important to learn about his previous lifestyle to help understand his current behaviour. This resident may have been a private, hard-working man who valued his independence and has now lost his privacy, his independence and his ability to do meaningful activity. Once you have a clearer picture of "who this gentleman is" consider your learning from "Brain & Behaviour" in your P.I.E.C.E.S. Resource Guide. How has the Alzheimer's disease affected his ability to interpret his world? Is the "aggression" toward staff cleaning his room related to his inability to understand why strangers are in his home and handling his belongings? Is his resistance to personal care his "appropriate" response to females he does not know taking off his clothes and invading his privacy? It must be very distressing to not understand what and why activities are happening. His taking off his incontinent garment may simply be his response to it being uncomfortable when soiled and being a private person he "looks after it" himself.

What are some of the strategies that could assist in the resident's care? Have you completed a DOS to identify if there is a better time for care activities? Is there a staff person whose approach has been better received and if so, what is different"? Has every effort been made to promote the resident's independence and privacy? Perhaps reading over the behavioural plan related to Perceived Control in your manual will give you some ideas on how to promote this gentleman's independence. Some of the behaviours may be difficult to change, but what can change is the teams' understanding and interpretation of the behaviours.

Looking specifically at the gentleman's physical problems you may want to also look at blood sugar levels and any relationship to behaviour (the DOS can assist). Remember, all behaviour has meaning and this is the resident's way of communicating. You also refer to the gentleman's depression. Has there been a review using SIG E CAPS or the Cornell? It may also be helpful to review the psychotropic medication side effect profile and any possible contribution medication it may make.

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.*