3-153 Degree of risk

TIPS Question:

What is the degree of risk for a resident who is non-adherent with care re: ADL's, medication, nutrition? A resident was admitted to facility from home with failure to thrive, dementia, NIDDM. She gets physically aggressive when approached for care, stays in bed most of the day, eats very little, chooses the medications she would take daily and hides them in her purse.

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

- Seen by geriatrician as well as psychogeriatrician and both have diagnosed her with dementia, aggressive behaviour
- She screams, grab, kicks when approached for care
- Refuses to participate in Folstein mini mental –verbalized "this is stupid"
- Medications: Exelon 6 mg BID, Zyprexa 2.5 mg OD, Trazadone 12.5 mg q noon, Trazadone 25 mg prn for behaviours. Sometimes she takes them, other times not.
- Resident was living with her daughter & grandson prior to admission to facility. P.O.A. said they abused her mentally. They cannot see her anymore.
- ABC, SIG E CAPS

Response:

I presume that you are referring to the risks to this lady and not the risks to the facility or caregivers when treatment is not delivered as prescribed. In reading your description of this lady's life right now it would seem as though there are many risks. If we use the RISKS mnemonic

R: roaming - not apparent

I: imminent physical harm (fire, falls, frailty, firearms), there is a significant risk of harm from frailty given her descriptor of failure to thrive, her non-adherence with medication/diet given her diagnosis of NIDDM

S: suicidal ideation - not apparent but question what may be behind her refusal to adhere with medication and her decreased appetite

K: kinship - may be becoming more isolated as a result of unpleasant interactions with staff during care. Are people avoiding her as a result? Are they approaching her "ready" for trouble and with the resulting posture and facial expression?

S: self-neglect, substance abuse, safe driving - self-neglect is part of this picture.

Since there is significant risk here, start by developing your *Understanding* of why these behaviours are happening. Remember that all behaviour has meaning and the meaning behind her behaviours is not apparent in your description. The efforts that you have made with the involvement of Partners In Care such as the geriatrician and psychogeriatrician help to increase understanding but perhaps using the U-First! wheel with the caregivers who have become most familiar with her could fill out the picture and increase understanding further.

As a caregiving group, what have people *Flagged* since admission (or in the last month or quarter) with respect to her physical well-being, her intellectual functioning, her emotional health, her retained abilities, her response to the environment or her social connections.

Has anyone successfully *Interacted* with her and what were the circumstances? Can others attempt to interact in a similar manner? Given that this resident has a dementia, it will be helpful to reflect as Team using the 7A's to help guide your interactions and better understand the resident's responses to care. Rather than thinking about her behaviour as an aggressive response help the Team to reframe their interpretation – in all likelihood, considering this resident's intellectual changes and remembering that it is "our brain that determines how we experience the world around us" her behaviour is more a defensive

than a purposefully aggressive reaction.

When people *Reflect* on their experiences with this lady, what mindful observations come up? What is the 'big picture' of life for this resident aside from non-adherence and physical aggression?
As understanding develops, what are some possible *Supports* that could be offered to this person? What activities, people or possessions are important to her and how can we exploit these to her benefit?

Finally, what supports do your *Team* members need to maintain a positive outlook and continue to look for clues in this situation?

Your question of risk addresses the immediate situation but I'm sure that you can see that the potential for increased risk is significant. The best strategy is to persist with developing an *Understanding* of this person and her situation.

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.*