3-159 Adequate care and adm support

TIPS Question:

A resident has both psychiatric disorders and neurologic lesions associated with aggressive behaviour. How can we provide adequate care without having the potential adverse effect of PRN around the clock? How can I get our Director of Care to understand that staff need more time allotted to this individual for the safety of others (staff & co-residents)?

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

- At this point medications being reviewed (and needs to be changed) – it can not be ignored
- I need to spend time with this individual even just for 5-10 minutes, twice per shift

Response:

Your question indicates that this resident is presenting a significant care challenge for your care team. It also indicates that the resident is in considerable distress. When presented with such complexities, I suggest going back to the Six-Question Template and working through each question. What is the problem? You identify aggressive behaviour as an issue related to psychiatric and neurology reasons. Who is at risk? … Staff, co-residents, the resident herself. What information will help your care team and how can you obtain that information. For example:

- What is the psychiatric illness/history and what behaviours evidenced this illness;
- What is the resident's cognitive status? You indicate 'neurologic lesions' associated with behaviour so this can be known through cognitive assessment, review of cognitive changes with the family, history of changes prior to and since admission to the facility;
- When do these behaviours occur? Is it during care? Often the behaviours related to personal care are more "defensive" that "aggressive" as the individual is attempting to protect themselves. You are correct that the neurological changes that occur with dementia significantly impact how the person interprets the world. The Folstein and Clock can assist you and your care team in understanding the residents' strengths and deficits. Perhaps reviewing the "I" (of P.I.E.C.E.S. information) will help you to understand the behaviour and as you share this information with your care team it may help their understanding as well. The U-First! wheel may be helpful when discussing with the direct care staff.

Have you completed a D.O.S.? It can be invaluable in identifying patterns in behaviour both what helps the behaviours and what might aggravate the response. The D.O.S. can also assist your care team in determining the effectiveness (or perhaps ineffectiveness) of prn medication. Make a notation on your D.O.S. when a prn has been used and monitor the result. That can assist your care team in making the best psychotropic medication decisions.

You indicate that spending time one-on-one is desirable. Does this change the resident's behaviour and have you been able to document this outcome. If one-on-one is a positive intervention, a consideration would be the Pro-attention Plan as outlined in your P.I.E.C.E.S. Guide. The DOS takes very little time and involves all of the care team.

After you work through the questions and implement a team action plan, remember to re-evaluate using tools such as the D.O.S.

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.*