



"Quality Care is Our Promise"

Handling patients' agitated behavior

The Ohio Valley Appalachian Regional Geriatric Education Center and the East Tennessee State University in Johnson City, TN, have developed handouts to help health care professionals cope with patients who have behavioral problems, Alzheimer's Disease, or other forms of dementia.

ANGRY, AGITATED BEHAVIOR

Anger — a normal human emotion and reaction to an environmental or interpersonal event

Assaultive Behavior — anger escalates to a point where a person attempts to remove or harm a perceived threat

Possible Causes:

- misperception of stimuli or activity;
- response to losses;
- chronic pain, frustration;
- catastrophic reaction;
- occurs most commonly during high intensity situations (admission, ADL's, procedures, close physical contact).

Coping Strategies:

- Use one person approach to talk, instead of a group.
- Use calm, matter-of-fact approach.
- Try to explain what is going on.
- Intervene early when symptoms of increasing restlessness are noted.
- Look for and correct physical causes.

- Avoid trying to confront or talk down.
- Provide quiet times throughout the day.
- Comfort and reassure.
- Simplify environment by decreasing noise, people, and clutter.
- Keep routines and environment consistent.
- Use validation.
- Make sure patient and yourself are protected.
- Scan environment for possible weapons.
- Remove patient from setting.
- Distract with food or activity — the best intervention when a situation escalates.
- Exercise the person regularly.
- Use touch, but use it cautiously.
- Approach the person from the front.
- Get attention and eye contact before speaking or touching.
- Keep a journal or log.

WANDERING

Possible Causes:

- boredom;
- pursuit of stimulation;
- fear of an unfamiliar place — cannot recognize;
- desire to return home;
- attempt to get somewhere in remote memory;
- side effect of medications;

- stress, tension reliever;
- unmet physical need (looking for bathroom, food).

Coping Strategies:

- Safety is the prime concern.
- Allow to wander if safe.
- Obtain familiar objects for the environment.
- Decrease environmental stimuli.
- Remove articles that may trigger desire to leave or go outside.
- Use distraction — tasks, food, music, exercise.
- Provide reassurance.
- Speak in calm normal voice.
- Walk alongside the wanderer, engage in conversation, hold hands, and use another entrance.
- Make sure armband is correct.
- Register with Safe Return Program.
- Ambulate patient several times throughout the day.
- Involve in activities.
- Attempt to dissuade from leaving.

HALLUCINATIONS / PARANOIA

Hallucinations — sensory experiences that cannot be verified by the observer

Paranoia — unrealistic, blaming

Possible Causes:

- sensory deficits;
- brain damage — memory loss;

- concurrent psychiatric illness;
- unfamiliarity of people and environment;
- misplaced objects;
- disruption of routines;
- removal of belongings.

Coping Strategies:

- Correct sensory deficits.
- Increase lighting.
- Review medications.
- Change environment as little as possible.
- Give person a simple recurring task.
- Assist patient in locating missing objects.
- Do not argue or scold.
- Learn where favorite hiding places are.
- Help to establish one place for safekeeping.
- Validate with who, what, where.
- Don't take accusations personally.
- Use distraction if becoming very agitated.
- Investigate suspicions that may have merit.
- Check with family members.
- Ignore harmless hallucinations.

YELLING/SCREAMING

Any vocal behavior that is disturbing to others, for which a meaning or significance is unclear. This may include screaming, repetition of recognizable words, nonsensical verbal noises, talking incoherently, moaning, whistling.

Possible Causes:

- some physical/emotional need — pain, hunger, wetness, fear;
- sensory impairment — misperceptions;
- impaired communication;
- too much environmental noise;
- physical restraints;
- upset by noise of other patients;
- procedure or activity not understood;
- boredom;
- need for attention, physical contact;

Coping Strategies:

- Check out and correct physical needs first.
- Institute measures to provide comfort and avoid hunger, etc.
- Maximize sensory input (glasses and hearing aid).
- Lower stress — create relaxed environment (soft music, low lights).
- Explain what is to be done.
- Use reassuring, calm approach.
- Plan time for socialization of patient.
- Engage in activities if possible.
- Volunteer visitor to read, etc.
- Consistent approach from all staff.

ANNUAL MANDATORY TRAINING ACKNOWLEDGEMENT/AGREEMENT

I, _____, understand that by signing this Acknowledgement/Agreement, that at the time of my Employment Orientation, and, also, on an annual basis, agree to read and adhere to **Handling patients' agitated behavior** training information. Failure to complete the same could result in my disciplinary actions/termination of employment with Lowenhill Home Care Services.

Print Name

Signature

Date