

Describe the behaviour and when it occurs (refer to CPG on Agitated and Excessive Behaviours)

Is the behaviour new?
Yes No

Identify possible causes of this behaviour

Consider these PSYCHIATRIC Influences

Dementia	-Memory loss/Disorientation -Communication problems -Planning -Judgment/ insight	Delirium	-Sudden change in cognition / behaviour -Difficulty paying attention -Disorganized thinking -Altered level of consciousness	Depression	-Mood -Sleep -Appetite -Somatic complaints -Lack of energy -Suicidal thoughts	Psychosis	-Hallucinations -Delusions	Other Psychiatric Conditions/Diagnosis
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Summarize the Psychiatric Influences

- Mixed Alzheimer/Vascular dementia with evidence of some language difficulties, poor judgment and insights, poor decision making
 - Having a degenerative brain disease like dementia can also contribute to behaviours (BPSD-Behavioural and Psychological Symptoms of Dementia) such as personality changes, agitation or resistance to care, verbal/physical aggression, socially disinhibited, impulsive behaviours
- Potential for depression (approx. 1/3 develop a depression 3-6 months post stroke; also the effects of dementia on mood regulation. Either way, depression can cause behaviours)
- Premorbid personality: very independent, proud, vocal with her opinions with limited regard for others, demands placed on others all of which can be contributing to her behaviours

Action(s) Required

Consider these PHYSICAL Influences

Acute Illnesses/infections	Constipation	Appetite	Medications	Mobility	Other
Chronic Illness	Incontinence	Dehydration	New?	Hearing	
Pain	Sleep	Weight change	Change?	Vision	

Summarize the Physical influences

- Stoke 2009 with left sided weakness (losing her mobility and physical function for someone who is fiercely independent may contribute to her behaviours)
- Possible two types of pain:
 - acute due to her arterial leg ulcer which can cause her behaviours
 - chronic due to osteoarthritis in the hips which can cause her behaviours
- Diabetes - ?? blood sugar fluctuations due to extra sweets and snacks (hyper/hypoglycemia can cause behaviours)
- Cataracts – losing control/independence in her visual abilities can contribute to behaviours
- Medications: Tylenol PRN, Metformin, multi-vitamin, calcium, and glucosamine (insufficient pain medication caused by PRN or “as needed basis” can cause behaviours)

Action(s) Required

Consider these PSYCHOSOCIAL Influences

Personal routines Life roles/work history Early life factors	Significant Relationships -Past -Present	Personality Style Interests Involvement in meaningful activities	Coping Strategies Cultural/Spiritual wellbeing Losses	Other:
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Summarize the Psychosocial Influences

- 83 year old resident
- Lifelong independent and educated woman who spoke her mind and moved within upper class circles. Does not see herself as “someone who needs assistance”
- Widowed for 10 years
- Strained relationship with daughter (daughter raised with frequent turn over with nannies)
- Prided herself on her physical appearance and home décor (has a buffet with fine china in the video and a white, fur coat)
- Night owl – bedtime between 12-1am
- Has a good rapport with a couple of staff. Might prefer male caregivers over female.
- Dry and witty humor

Action(s) required

Consider these PHYSICAL ENVIRONMENTAL Influences

Space to move around Adaptations/Assistive Devices Access to outdoors	Level of stimulation Noise/Temperature Lighting/ Glare	Safety concerns Private space Personalized room	Appropriate signage Color contrast Other:
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Summarize the Physical Environmental Influences

- Does not like to be confined indoors
- Wheelchair manually operated by staff
- ?? doesn't like bright lights in her room

Action required

Consider these SOCIAL ENVIRONMENTAL Influences

Communication abilities Decision-making opportunities Participation in facility life and emotional wellbeing	Response to others -Residents -Staff -Family	Staff approach -Task oriented -Tone of voice -Body language	Other: Personal Space
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Summarize the Social Environmental Influences

- Staff's approach: reacts to staff who do not demonstrate respect in their body posture/verbal words, encroach on her personal space, use fluffy phrases like “we're here to help you”.
- Does not like interacting with other residents who are more physically or cognitively impaired

Action required

Summary of Actions Required: FURTHER ASSESSMENT, LAB TESTS, CARE STRATEGIES, MEDICATIONS, CONSULTS, REFERRALS, ETC.	By Whom	Date Completed
<ul style="list-style-type: none"> • Routine Pain Assessment (for chronic and acute pain) • Ensure seating is comfortable and adequate cushioning– consider reviewing with an OT • Skin integrity: routine skin assessments <ul style="list-style-type: none"> ○ Prevention: ensure skin is hydrated; RCA to ensure skin is dry between toes after bath; refer to wound clinician as needed for consultation • Diabetic diet: Discuss with nursing and dietitian options to her diabetic diet considering the challenge with redirecting her sweet tooth <ul style="list-style-type: none"> ○ Consider requesting fasting blood glucose levels ○ Consult with GP around her diabetic medication in light of her sweet tooth • Review her daily routine to ensure she has adequate social engagement opportunities. Consider regular outings with recreation staff • Assess for other psychiatric conditions such as depression or delirium using tools like Geriatric Depression Scale (GDS) and the Confusion Assessment Method Instrument (CAMI) • Medication management: <ul style="list-style-type: none"> ○ Consult with GP regarding the use of cholinesterase inhibitors, consideration of antipsychotic medication when all other causes of behaviour have been ruled out ○ Consider switching to regular dose of Tylenol if there is concern her decline in cognition limits her requesting of the PRN (as needed) dose • Develop a communication care plan for staff that informs them on how to approach Ellen: <ul style="list-style-type: none"> ○ When Ellen is very agitated/aggressive and requires de-escalation ○ Ellen’s preferred communication approach for all interactions ○ Techniques that assist Ellen with making her needs known (person-centeredness!) ○ Include her triggers which seem to precipitate agitation/aggression ○ Consider putting together a “Personal Fact Sheet” that tells her story • Personal care: consider eliminating evening personal care and move her care/hygiene to morning but continue assessing her continence and skin integrity <ul style="list-style-type: none"> ○ Include in the care plan her personal grooming preferences • Evening routine: Day clinician to liaise with evening care staff to come up with a detailed plan outlining the routine with indicated times based on Ellen’s preferred bedtime routine. Also care plan around shift change and strategies to address workload. 		

Date to review the outcomes of actions: _____