SANDRA ESKENAZI
CENTER FOR BRAIN
CARE INNOVATION
ESKENAZI HEALTH

AGGRESSION/AGITATION
PROTOCOL FOR CARE

1. Assess for history of aggression/agitation.
2. Consider medication intervention.

Instruct caregiver to:

1. Intervene early. By recognizing a problem situation and intervening before it becomes a crisis, caregivers can avoid many instances of agitation and aggression.

Instruct caregiver about COMBATIVE/DESTRUCTIVE BEHAVIOR

2. Consider the following Caregiver Handouts: Suggestions for Communication (Handout #5), Understanding Nonverbal Messages (Handout #6), Nonverbal Messages (Handout #7), Activities to Encourage (Handout #9), Activities to Avoid (Handout #10), Help with Verbal Noises (Handout #25), Catastrophic Reactions & Sundowning (Handout #27), Help with Inappropriate Sexual Behavior (Handout #30).
3. Keep and/or remove the patient away from situations and individuals that upset the patient.
4. Speak with a reassuring and gentle voice to the patient. It can help to defuse a situation by calming the person.
5. Approach an agitated person slowly and calmly from the front. Caregivers should tell the person what they are going to do and try not to startle them.
6. Use non-threatening postures when dealing with an agitated patient. Standing over a patient who is seated or in bed can be frightening and may provoke anger. Caregivers should bend from the knees, kneel or sit down so that they are at the patient's eye level.
7. Redirect the person with questions about the problems and gradually turn their attention to something unrelated and pleasant. Provide different activities. Go to another room and leave the situation for a while.
8. Establish a calm, quiet environment.
    - Use soft lighting and calm colors such as tan, peach, pale blue, or green.
    - Use carpeting to absorb sound (avoid throw rugs since patients can trip).
    - Add soft music.

Avoid the following:

- Abstract/noisy designs which can be confusing or disturbing
- Mirrors (outside dressing areas/bathrooms) which may be confusing
- Loud telephone bells or paging systems, frequent re-design or room changes

9. Avoid arguing and trying to reason while the patient is agitated. Arguing almost always causes the agitation.
10. Be flexible. Medications may be given within one hour before or after scheduled time and a bath is not required daily.
11. Use touch judiciously. Sometimes a touch or a hug can be comforting to an agitated person, but for another it could be provoking.
12. Present patient to ABC Medical Home Team for evaluation.
13. Consider medical intervention.

Instruct caregiver about INAPPROPRIATE SEXUAL BEHAVIOR

1. Give caregiver handout: Help with Inappropriate Sexual Behavior.
2. Do not overreact. Lead the person calmly out of the area or provide a robe and help put it on.
3. Purchase clothing that opens/closes in the back and pants that pull on versus zipping in the front. These can often stop undressing or fidgeting with clothing.
4. Do not overreact to masturbation. Provide patient privacy. Attempt to distract the patient by giving him/her a different activity or something else to fidget with.
5. Ask physician for a medication review.
6. Present patient to ABC Medical Home Team for evaluation.
7. Consider medication intervention.

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COMMUNICATION
PROTOCOL FOR CARE

Instruct caregiver in COMMUNICATION:

1. Consider the following Caregiver Handouts: Communicating with your Loved One (Handout #4), Suggestions for Communication (Handout #5), Understanding Nonverbal Messages (Handout #6) and Nonverbal Messages (Handout #7).
2. Speak slowly and wait for the patient to respond.
3. Confirm the patient is able to hear you.
4. Lower the pitch of your voice.
5. Eliminate distracting noises or activities in the surrounding area.
6. Ask only one simple question at a time.
7. Ask the patient to do only one task at a time and give simple instructions.
8. Help the patient to find the correct word, if he/she is struggling to find a word.
9. Have the patient point to an object, if they can't think of the name.
10. Repeating the patient's last words may get them started again.
11. Speak in simple, short sentences.
12. Check the patient's comfort frequently if they cannot talk:
    - Make sure their clothing is comfortable
    - The room is warm
    - No rashes or sores on their skin
    - Take to the toilet on a regular schedule
    - Make sure they are not hungry or sleepy
13. Recognize nonverbal clues:
    - Remain calm and supportive
    - Smile and touch the person to express affection
    - Look directly at person to confirm if they are paying attention
    - Point, touch, and hand the person things
    - Demonstrate specific activities such as dressing

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DELIRIUM – POST HOSPITALIZATION
PROTOCOL FOR CARE

Instruct Caregiver about DELIRIUM

1. Consider the following Caregiver Handouts: Help with Delirium in the Hospital (Handout #31) and Help with Delirium at Home (Handout #32)
2. **Medication Reconciliation** is defined by the JCAHO as the "process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medications errors such as omissions, duplications, dosing errors, or drug interactions…." and may well prevent re-hospitalizations. Medication reconciliation will be conducted within 72 hours after hospital discharge, ideally in the patient's home, by the ABC Nurse Practitioner ("NP") or by a registered nurse ("RN") acting at the request of the NP:
    - The NP or RN will review all medications the patient is taking, including OTCs and herbal products. With the patient's permission, all expired or unused medications will be removed.
    - The NP or RN will review the admission medication list, discharge medication list and the patient's actual medications.
    - Any medication discrepancies will be corrected. If the NP or RN is unsure of what action to take to correct a medication discrepancy, he/she will contact the patient's Primary Care Provider ("PCP") as soon as possible.
    - If the medication reconciliation is conducted in the patient's home, a written medication list will be left with the patient and the patient's caregiver. If a medication discrepancy is noted but cannot be corrected at that visit, the NP or RN will note the discrepancy on the patient's medication list. Once the NP or RN obtains clarification about the discrepancy, the NP or RN will call the patient and the patient's caregiver to explain how the medication is to be taken. The NP or RN will then mail an updated medication list to the patient and the patient's caregiver within 24 hours after the reconciliation is completed.

- If the NP or RN is unable to conduct the medication reconciliation in the patient's home, then an updated medication list will be mailed to the patient and the patient's caregiver within 24 hours after the reconciliation is completed.

3. Immediately after completing the medication reconciliation, the NP or RN will assist the patient and the patient's caregiver in developing an effective medication management system. This will include:
    - Educating the patient and the patient's caregiver about the need for each medication and the importance of taking as prescribed.
    - If a patient is unable to pay for any medication, either assisting the patient in obtaining assistance for such medication or referring the patient to someone who is able to provide such assistance.
    - Providing education about what to do if a medication discrepancy is found.
    - Educating the patient and the patient's caregiver to take the medication list to each provider appointment and have it updated when there are changes.
4. The NP or RN will provide education to both the patient and the patient's caregiver about the "red flags" that may indicate the patient's condition is worsening, how to respond and when to contact the NP and/or the patient's PCP.
5. Within 48 hours after the medication reconciliation is completed, the NP will be responsible for updating the patient's outpatient medication list in GOPHER.

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DELIRIUM
PROTOCOL FOR CARE

1. To ensure continuity of patient care when an ABC Medical Home patient with cognitive impairment is hospitalized, the following steps should be taken:
   - The ABC Medical Home nurse practitioner ("NP") will notify the ACE Team of the patient's admission and cognitive impairment diagnosis and will request a consult.
   - If the ACE team is unable to evaluate the patient, the NP will notify the inpatient team of the patient's admission and cognitive impairment diagnosis.
   - The NP will inform the ACE team or inpatient team of the patient's increased risk of developing delirium and any previous history of delirium.
   - The NP will provide the ACE team or inpatient team with patient's medication list, information about patient's living situation, specific concerns the ABC staff has about the patient and any other information that might assist the ACE team or the inpatient staff in caring for the patient.
   - The NP will request that the ACE team or inpatient staff provide him/her with notification of patient discharge, specific concerns about this patient at the time of discharge and a discharge summary.

Instruct Caregiver about DELIRIUM

2. Consider the following Caregiver Handouts: Help with Delirium in the Hospital (Handout #31) and Help with Delirium at Home (Handout #32)

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DELUSIONS/HALLUCINATIONS
PARANOIA
PROTOCOL FOR CARE

Instruct caregiver about DELUSIONS/HALLUCINATIONS:

1. Consider the following Caregiver Handouts: Help with Hallucinations (Handout #29), Help with Paranoia (Handout #28) and Help with Inappropriate Sexual Behavior (Handout #30).
2. Avoid denying the person's experience or directly confronting him/her or arguing with the person.
3. Listen or give a noncommittal answer. Do not play along with a delusion or a hallucination.
4. Try to distract the person.
5. Attempt to touch the person physically, as long as they don't misinterpret your touch as an effort to restrain him/her.

Instruct caregiver about PARANOIA:

1. Consider the following Caregiver Handouts: Help with Paranoia (Handout #28), Help with Hallucinations (Handout #29) and Help with Inappropriate Sexual Behavior (Handout #30).
2. Understand that this is not behavior the patient can control.
3. Do not confront the patient or argue about the truthfulness of the complaint.
4. Distract the patient with other activities.
5. Consider medication intervention.

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DEPRESSION/ANXIETY
PROTOCOL FOR CARE

1. Assess for history of Depression/Anxiety.
2. Consider medication intervention.

Instruct caregiver in DEPRESSION/ANXIETY:

1. Consider the following Caregiver Handouts: Understanding Nonverbal Messages (Handout #6), Nonverbal Messages (Handout #7), Help with Exercise (Handout #8), Activities to Encourage (Handout #9), Activities to Avoid (Handout #10), Help with Sleeping (Handout #22) and Help with Verbal Noises (Handout #25).
2. Provide a bright and cheerful environment.
3. Activities:
    - Increase and encourage activities that the patient can enjoy.
    - Identify activities that the patient enjoyed in the past.
    - Modify to reflect patient's current level of function.
    - Keep activities simple, i.e. sing a song.
    - Use one or two-word instructions at a time to explain activity.
    - Observe the patient to confirm enjoyment of activities in which they are encouraged to participate.
    - Change activity when patient becomes bored or anxious.

4. Encourage social interaction with others.
    - Plan pleasant activities with people the patient enjoys, especially if patient complains of being lonely.
    - Encourage the patient to talk about pleasant things, both past and present. Thinking about happy events and helping them remember good things can cheer them. It can also make them feel more depressed about the past, so be sensitive.
    - Too many visitors can be overwhelming.
        - Encourage friends to visit one at a time.
        - Encourage friends to talk to patient and maintain eye contact.

5. Redirect the patient's attention and provide different activity when the patient expresses feelings of worthlessness, hopelessness, or being a burden to others.
6. Touch and hug the patient when he/she is crying and tearful.
7. Present patient to ABC Medical Home Team for evaluation.
8. Individualize all of the above approaches to the patient's needs and situation.
9. Consider antidepressant/anxiety medication.

Instruct caregiver about SUICIDE:

10. Threats or statements about suicide should always be taken seriously. Notify the nurse practitioner/physician immediately.
11. Remove guns, knives, scissors, tools from environment.
12. Keep medication away from person.

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EXERCISE
PROTOCOL FOR CARE

Instruct caregiver in EXERCISE:

1. Consider the following Caregiver Handouts: Help with Exercise (Handout #8), Activities to Encourage (Handout #9) and Activities to Avoid (Handout #10).
2. Being active may lead to good sleep and decreased agitation, stress or moodiness for both the patient and caregiver.
3. To increase physical activity:
   - Turn on your favorite music and dance with the patient for at least 10 minutes or longer.
   - Watch a free television exercise program and try to follow the routine.
   - Take the patient for a walk in your neighborhood. Again try to walk for at least 10 minutes.
   - Have the patient ride a stationary exercise bike for at least 10 minutes at a time. Be sure to start slowly, then gradually build up speed.
   - Open the NIH exercise book from your binder. Pick one exercise. Read the instructions. Then try to do the exercise with the patient. Try a new exercise each day.

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LEGAL & FINANCIAL
PROTOCOL FOR CARE

Provide Caregiver Resource Handbook.
Provide appropriate referrals.

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MOBILITY:
BALANCE/FALLS
PROTOCOL FOR CARE

Instruct caregiver in BALANCE/FALLS

1. Consider the following Caregiver Handouts: Help with Balance and Walking (Handout #19) and About Falling & Injuries (Handout #20).
2. Put away scatter rugs, pad steps, tack down rug edges.
3. Provide secure leather sole shoes.
4. Remove all clutter from traffic areas.
5. Place person in the front seat of the car with seatbelt.
6. Do not move the patient after a fall.
7. When a person falls:
    - Remain calm
    - Check for injury or pain
    - Avoid precipitating a catastrophic reaction
    - Watch the person for signs of pain, swelling, bruises agitation, or increased distress; call the doctor if any of these symptoms appears or if you think there is any chance that he hit his head or otherwise hurt himself.

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MOBILITY:
WANDERING AND SHADOWING
PROTOCOL FOR CARE

Instruct caregiver about WANDERING:

1. Consider the following Caregiver Handouts: Help with Wandering (Handout #23) and More help with Wandering (Handout #24).
2. Register for Safe Return program bracelet that is securely fastened, so the patient cannot remove it or slip it off. It may be better than a necklace.
3. Install locks that are unfamiliar and difficult to operate and are out of the patient's reach so that he cannot go outside unsupervised. Secure all means of exit in addition to doors. Patients may climb out second story windows, so secure them too.
4. Surround the patient with familiar things, i.e. pictures of his/her family, a throw blanket, and cuddly animals.
5. Provide frequent reassurance about where they are and why they are there; a patient will often forget that he or she is supposed to be in a particular place.
6. Involve the patient who is going to be moved in planning the move. Visit the new setting before hand, if he/she is able to understand what is going on.
    - With a more severely confused patient, it may be easier not to introduce them gradually, but to make the move as quickly as possible and without any fuss.
7. Give him/her a pocket card, if the person is can still read, understand and follow instructions. Instructions on the card should be simple and may include the following:
    - 'Stay calm and don't walk away'
    - 'Call home' and #000-000-0000.
    - For a shopping trip, 'Ask to be shown the menswear department and stay there. I will find you'.
8. Implement for aimless wandering:
    - Exercise may help to reduce restlessness. Walk daily.
    - Try to redirect him/her rather than directly confront the patient.
    - Walk with the patient and then lead him/her around a big circle.
    - Create an environment that calms the person.

9. Implement for incessant wandering:
    - Sit down with the patient and help him/her to put their feet up. Continuous walking causes the patient's feet to swell. He/she may sit still as long as the caregiver sits still.
10. Implement for restless wandering:
    - Give him/her some active task like dusting or stacking books.
11. Consider physical devices to restrain a person in a chair or bed. Either a chair or a Posey restraint may help to keep a person still and safe long enough for you to take a bath or fix supper. Never leave a person alone in the house while he is restrained, because of the possibility of a fire.
12. Present patient to Care Plan Team for evaluation.
13. Consider medication intervention.

Instruct caregiver about SHADOWING

1. Tolerance for this behavior will keep the patient and you calm. Find other people to help with the person so you can get away and provide respite.
2. Childproof doorknobs or the bathroom door may help give you a few minutes of privacy.
3. Redirect the patient with simple tasks that the person can do.

Caregiver:

1. When the wandering behavior is more than can be manage or when a person cannot be kept safely in a home setting, and the caregiver has done all he or she can do, the caregiver will need to make plans for institutional care for the patient.

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PERSONAL CARE:
BATHING
PROTOCOL FOR CARE

Instruct caregiver in BATHING:

1. Consider the following Caregiver Handouts: Personal Care (Handout #11) and Bath Time (Handout #14).
2. Maintain the patient's independence by encouraging participation in ADL's, e.g. wash face.
3. Maintain the person's daily routines when possible, and simplify the process.
4. Follow a regular routine, done the same way at the same time i.e. shower versus bath, morning versus evening.
5. Get the assistance of a male/female or attendant to assist with personal care.
6. Talk to the patient with a reassuring and calm voice. Give instructions one step at a time.
7. Partial baths or sponge baths are adequate daily hygiene.
8. Assistive appliances make bathing easier i.e. bath seat, hand held showerhead, and rubber mat.
9. Place only 2-3 inches of water in the tub.
10. Check the skin for reddened areas, breaks in the skin, rashes, and sores.
11. Install a flexible shower head.

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PERSONAL CARE:
DRESSING
PROTOCOL FOR CARE

Instruct caregiver in DRESSING:

1. Consider the following Caregiver Handouts: Personal Care (Handout #11), Getting Dressed (Handout #12) and Clothing Ideas (Handout #13).
2. Arrange outfits with all pieces together, i.e. shirt with pants, blouse with skirt.
    - Eliminate belts, scarves, sweaters, ties, and other accessories that are often confusing and likely to be put on wrong.
3. Remove clothing that will not be used.
4. Lay out a clean outfit for the patient. Laying out clothes in the order in which he/she puts them on may also help.
5. Purchase clothing with elastic waist bands, replace buttons with Velcro tape, slip on shoes, and loose-fitting clothing.
6. Select clothing that is washable and that doesn't need ironing. For women short ankle socks are recommended versus stockings (full or knee high).

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PERSONAL CARE:
MEALS/INAPPROPRIATE EATING BEHAVIOR
and
DENTAL CARE
PROTOCOL FOR CARE

Instruct caregiver in MEALS/INAPPROPRIATE EATING BEHAVIOR:

1. Consider the following Caregiver Handouts: Personal Care (Handout #11), Mealtimes (Handout #16) and More help at Mealtimes (Handout #17).
2. Use plastic tablecloth or placemats when the person develops problems with coordination and becomes messy. When the patient starts to use fingers instead of silverware, serve finger foods.
3. Use heavy dishes with sides and/or a plate guard to prevent food from being pushed from the dish.
4. Use smocks over clothing.
5. Try a convalescent feeding cup (spillproof cup for children) when drinking from a cup.

Instruct caregiver in DENTAL CARE:

1. Consider the following Caregiver Handout: Dental Care (Handout #18).
2. Schedule regular dental check-ups.
3. Make sure dentures fit well (changes in the gums can change the fit of dentures.)
4. Tell the dentist about your concerns about care.
5. Look for a dentist who understands these patients and who works slowly and gently. If the dentist recommends a general anesthetic to care for teeth, carefully weigh the need for the care against the risks of the anesthetic.

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PERSONAL CARE:
TOILETING/INCONTINENCE
PROTOCOL FOR CARE

Instruct caregiver in TOILETING/INCONTINENCE (both urine and bowel)

1. Consider the following Caregiver Handouts: Personal Care (Handout #11) and Toileting (Handout #15).
2. Take detailed history, pelvic, rectal, and neurologic exam.
3. Give adequate fluids (6-8 cups/day) before 7:00 PM to decrease nighttime voiding.
4. Provide a commode and/or urinal to decrease the distance the patient has to travel.
5. Provide a chair and a bed that is easy for the person to get up and out of.
6. Leave a night light on, remove throw rugs, and slippers that are not slick-soled or floppy.
7. Remove the lock from the bathroom door.
8. Schedule bathroom trips every 3-4 hours.
9. Observe for non-verbal clues that the person has to use the bathroom i.e. restlessness, picking at clothing, etc.

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PHYSICAL HEALTH
PROTOCOL FOR CARE

Consider the following Caregiver Handouts: For the Caregiver (Handout #1), Help with Exercise (Handout #8), Activities to Encourage (Handout #9) and Activities to Avoid (Handout #10).

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REPETITIVE BEHAVIOR
PROTOCOL FOR CARE

Instruct caregiver about REPETITIVE QUESTIONS:

1. Consider the following Caregiver Handouts: Help with Wandering (Handout #23), More help with Wandering (Handout #24), Help with Verbal Noises (Handout #25) and Help with Repetitive Behaviors or Words (Handout #26).
2. Attempt to ignore consistently repeated questions. This technique can work with some patients, but it will upset others who may become angry because they were not answered.
3. Understand that sometimes the patient may be unable to express what is actually worrying him or her. For example, if a patient continues to ask for someone who is dead, he or she may be trying to express that they feel lost. Caregivers can:
   - React to this emotional aspect, explaining that they will take care of the patient.
   - Distract the patient, either by asking him/her about something related or unrelated.
4. Occasionally, the patient responds only to agreement by caregivers or being distracted by a lie, for example, telling the patient a deceased friend or relative will be coming later.

Instruct caregiver about REPETITIVE TASKS:

1. Implement for a patient who is continually repeating a task:
   - Give a new or specific task to perform. It is important that the caregiver does not appear to pressure the patient or sound upset; in such situations, a catastrophic reaction can be precipitated.
   - Providing positive attention for more appropriate behaviors will encourage these behaviors.

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SLEEP DISTURBANCE
PROTOCOL FOR CARE

Instruct caregiver about SLEEPING:

1. Consider the following Caregiver Handouts: Help with Sleeping (Handout #22), Help with Wandering (Handout #23), More help with Wandering (Handout #24) and Help with Verbal Noises (Handout #25).
2. Implement a bedtime routine:
   - Brush teeth
   - Comb hair
   - Bath
   - Soft music
   - Conversation
3. Keep patient from napping during the day so he/she will be tired at night. Try keeping him occupied, active, and awake in the daytime.
4. Plan a regular activity program:
   - Long walk
   - Car ride
5. Take the person to the bathroom before bedtime.
6. Make sure the sleeping arrangements are comfortable:
   - Room is neither too warm nor too cool
   - Bedding is comfortable. Quilts are less likely to tangle than blankets and sheets.
7. Have the patient sleep in a lounge chair or on a sofa, if they will not sleep in a bed.
8. If all else fails, consider medication intervention. The caregiver needs to get rest.

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STRESS
PROTOCOL FOR CARE

1. Assess for:
   - Poor insight of situation
   - Unsatisfactory caregiver-care receiver relationship
   - Competing roles
   - Social isolation
   - Insufficient leisure
   - Unrealistic expectations of caregiver placed on themselves and/or by others
   - Reluctance or inability to access help
   - Insufficient resources

Instruct caregiver about STRESS

2. Consider the following Caregiver Handouts: For the Caregiver (Handout #1), Guidelines for Coping (Handout #2), Looking on the Bright Side (Handout #3), Depression (Handout #4), Help with Sleeping (Handout #22) and Help with Verbal Noises (Handout #25).
3. Instruct caregiver to:
   - Identify all possible sources of volunteer help
     A. Family (siblings, cousins)
     B. Friends, neighbors
     C. Church, community groups
   - Improve coping skills (time management, stress management)
     A. Energy
     B. Beliefs
     C. Commitments, health, social skills, social support, material resources
   - Obtain positive feedback to lower levels of burnout, i.e., attend support group
   - Need consistent social support, i.e., set a schedule for respite care