



## IMPULSIVE BEHAVIORS

Agitation, especially agitation that turns off and on like a light switch requires STAFF EDUCATION:

The impulsiveness stems from confusion, anxiety and fear. That is why when the stimulus is over the agitation goes away immediately.

This is not personal. The resident has damage to the area of their brain that perceives that you are trying to help them. That is why the impulsiveness comes on rapidly and goes away rapidly, but is intense in presentation. Medication are often not helpful and can worsen the situation.

YOUR RESPONSE TO THIS AGITATION IS THE MOST IMPORTANT ELEMENT

If you become upset, anxious or angry the patient perceives the emotion and the agitation will worsen. Make sure your staff recognizes their own strengths and weaknesses in the regard.

1. Always evaluate to determine whether the behavior is based on an UNMET NEED:

- Hunger
- Thirst
- Mobility
- Companionship
- Pain relief

2. Use a calm approach. Slowly explain to the resident what you are going to do. Explain and perform any action, such as dressing or using the toilet, ONE STEP AT A TIME.

3. If a calm approach has been tried and is repeatedly unsuccessful then SCHEDULE DAILY CARES:

- Toileting
- Dressing
- Peri care/bathing
- Putting to bed

This allows enough staff to be present to rapidly and safely complete the task with a minimum of stress on the resident and staff.

4. Use an AREA THAT IS SAFE for the resident and staff members, away from other resident and will limit the effect of any noise on others. This may require using the bathing area for daily cares.

5. If some staff are consistently better able to care for the resident ask the DPOA or guardian if a VIDEO RECORDING of the staff working with the resident can be made for educational purposes. The CD or videotape can then be given to the DPOA or guardian when no longer needed. A formal release form should be made in order to assure that the video recording is done properly in order to protect the privacy of the resident.



6. Employing COUNTER STIMULUS when caregiving can be effective in some residents.
  - Using white noise with loud, vocally disruptive residents
  - Radio, fan, hair dryer
  - Tactile stimulation can be effective calming residents when cares are completed
  - Warm blanket, stuffed animal, plush pillow
7. Assess LEVEL OF STIMULATION when caregiving. For some residents a more stimulating environment will agitate them, such as a dining room, whereas other residents appear more calm when they are in more active setting.
8. Always make sure that the patient has been evaluated for SENSORY DEFICITS, especially hearing and vision and if present is treated as effectively as possible.

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