



DISRUPTIVE VOCALIZATIONS: MANAGEMENT STRATEGIES

- 1. Use headphones (or speakers in an area not disturbing to others) to allow the patient listen to either music or audio tapes suggested or provided by family, friends or staff members they know speaking to them in a calm voice. The content of these tapes can be recollections of earlier events in their life, family stories or a story from a book.**
- 2. Move the patient to a quieter area if the cause of this behavior is primarily over-stimulation. If possible, bring patient in area with staff present or near known objects (i.e. like their room), may also be calming.**
- 3. Offer the patient food if hungry, drink if thirsty.**
- 4. Some patients respond to touch. Offer soft blankets, pillows or stuffed animals or dolls that may calm the patient by providing tactile stimulation. Many patients, held occupations or had hobbies in which they regularly worked with their hands. Sometimes repetitive tactile stimulation (fold towels, place beads in a container), can help calm patients.**
- 5. Provide proscribed periods of one-to-one (lasting 10 minutes) every hour.**
- 6. Check the lighting in the immediate area of the patient. Make sure it is well-lit. A patient's decreased vision in a poorly-lit area can lead to confusion and anxiety, which may prompt the vocalizations.**
- 7. Assess and re-assess pain. A pained in expression, increased BP or HR, and fidgeting can all mean the pt. is in pain. The longer the pain is untreated, the worse the vocalizations. Pain and physical distress often lead to vocalizations.**

8. Always make sure to assess for hearing impairment as cause for vocalizations.