



IMPULSIVE BEHAVIORS

- 1. Agitation, especially agitation that turns off and on like a light switch requires STAFF EDUCATION:**
 - a. The impulsiveness stems from confusion, anxiety and fear. That is why when the stimulus is over the agitation goes away immediately.**
 - b. This is not personal.**

The resident has damage to the area of their brain that tells them that you are trying to help them.

That is why the impulsiveness comes on rapidly and goes away rapidly, but is intense in presentation.
 - c. Medications are often not helpful and may even worsen the situation.**
- 2. Staff response to agitation is the most important element in preventing further complications.**
 - a. If you become upset, anxious or angry the patient perceives the emotion and the agitation will worsen.**
 - b. Make sure you recognize your own strengths and weaknesses in the regard.**
- 3. Always evaluate to determine whether the behavior is based on an UNMET NEED:**

Hunger Thirst Mobility Companionship Pain relief
- 4. 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.**
- 5. Eliminate any other stimulus when attempting ADL/bathing cares.**
- 6. If the resident impulsively grabs out at others, make sure to keep a “safety zone” around them when they are in common areas. Always position their chair/wheel chair at least an arms length from others.**

IMPULSIVE BEHAVIORS, con't.

- 7. If a calm approach has been tried and is repeatedly unsuccessful then SCHEDULE DAILY CARES.**
 - a. Allow enough staff to be present to rapidly and safely complete the task with a minimum of stress on the resident and staff.**
 - b. Use an AREA THAT IS SAFE, away from other residents and limiting the effect of any noise on others. This may require using the bathing area for daily cares.**

- 8. 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.**

- 9. Employing COUNTER STIMULUS when caregiving can be effective in some residents.**

Use white noise with loud, vocally disruptive residents such as a Radio, fan, hair dryer. Tactile stimuli can be effective calming residents when cares are completed. These include a warm blanket, stuffed animal, or plush pillow.

- 10. 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.**

- 11. Always make sure that the patient has been evaluated for SENSORY DEFICITS, especially hearing and vision and if present it is treated as effectively as possible.**