

Miss Information

Communication Case

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Presentation

- 87 year-old female with dementia who is now routinely upset with caregivers
- Aphasic
- Usually combative with ADL cares
- Angry at not going home in the late afternoon/early evening
- Frustrated easily when trying to speak to staff

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Medical History

- Arthritis pain
- Heartburn
- Right knee replacement
- High blood pressure
- Constipation
- Incontinence
- Depression
- Skin cancer in the past
- Hysterectomy

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Medications

- Acetaminophen (Tylenol)
- Ultram (Tramadol)
- Prilosec
- Lasix
- Metoprolol
- Potassium
- Effexor
- Senna, colace, fleets enema

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Assessment

- All laboratories normal
- Gait remains stable
- No increased pain complaints
- Appetite good
- Sleeps well overnight
- Naps in the afternoon
- Attends activities she does not involve participation (singers, e.g.)

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Assessment

- Mood screens are positive
 - However these are difficult to interpret due to aphasia
- More context is given to the provider
 - No weepiness
 - No anxiety
 - Agitation focused on interactions with staff
 - She seems more functional than her cognitive screens would imply

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Nursing Management

- Nursing staff conveys their plan to provider:
 - Communication is the key
 - Slow, step-by-step instructions
 - Make a series of photographs into a book showing common wants/needs
 - A person dressing, eating, bathing, etc.
 - Make a series of written questions as well
 - Use visual pain scales
 - Employ several caregivers in assessing depression
 - Especially those providing the most care

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Nursing Management

- Nursing staff plan
 - Pay attention to her distress when she becomes agitated at the end of the day
 - Will engage her in activities prior to the later afternoon to help reduce her distress
 - Especially those that involve a minimum of verbal input from her
 - Remove her from areas in the late afternoon where she can see employees come and go at shift change, end of the day

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Outcome

- Plan provides the provider more information
 - Reduced likelihood of added or changed doses of medication
- Provided universal framework for caregivers to manage the problem
 - Led to fewer episodes of afternoon distress
 - More successful toileting, bathing, dressing
 - As long as guidelines followed
 - Care plan placed in her chart and MAR for all to see
 - Reduced distress of caregivers as well