

## Case Study: Mrs. Saridah M.

### Background and History:

- 83 year old woman admitted 1 month ago to residential care. Had been cared for at home for by her son and daughter for the past 4 years.
- Diagnosed 5 years ago with a mixed dementia: AD + VaD;
- Medical Hx includes: hypertension, non-insulin dependent diabetes, peripheral arterial disease, arthritis, vision impairment and deafness.

### Behavioural History:

- Since admission 4 weeks ago, Mrs. M. has been increasingly withdrawn, refusing to join activities and often isolating in her room for long hours. In the past week, she has finally come out of her room and started walking the hallways.
- This past week, she has been found in other resident's rooms on three occasions. Twice, she was easily redirected to the commons area or her own room. But on the third occasion, the nurse found Mrs. M and the room's resident shouting angrily at each other and almost into fisticuffs. Mrs. M. resisted being led out of the room, pushing the nurse away, swearing and yelling, then finally left the room crying and hitting the door. Twenty minutes later she had calmed down and was found sitting alone in her room by the window looking sad.

### Questions:

- Describe the behaviour(s) of concern.
- Was this a behavioural emergency? Why or why not?
- What type of assessment tools might assist understanding Mrs. M's behaviour? Find them in the algorithm and list a few of them below:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Using the PIECES tool, and your experience, what might be some of the triggers that caused Mrs. M's behaviour?
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Would Mrs. M's behaviours respond to medications? Look it up in the algorithm. Where does the algorithm direct you to go?
  - \_\_\_\_\_
  - \_\_\_\_\_
- Describe the care planning that might be required for Mrs. M. What tools in the Algorithm might assist you? Find and list them.
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Mrs. M's story** - continued:

- Fifteen months have passed since Mrs. M. was admitted to the facility. She is now in the later stages of dementia. The care aides report that over the past 10 days she is increasingly resistant to care, shrieking and crying "Help, help!" much of the time during delivery of personal care (e.g. changing attends, washing and dressing, mouth care). She often grabs the arms of the aides, digging in her nails, grabbing their clothing and does not release it. The care aides report that they have not been able to give her a bath for over a week and are concerned about skin breakdown and pressure ulcers forming from her incontinence.
- A review of her chart shows the following medications:
  - Ramipril 5 mg po daily
  - Metformin 500 mg po bid
  - Aricept 5 mg po daily
  - Trazodone 50 mg po @ hs
  - Tylenol 325 mg po q4-6h prn for pain
- Using the algorithm, what might be some possible triggers for this recent behaviour? What assessment tools might you choose?
  - \_\_\_\_\_
  - \_\_\_\_\_
- What non-pharmacological approaches could be incorporated into her careplan?
  - \_\_\_\_\_
  - \_\_\_\_\_
- Her care plan has been updated, and the updated approaches are not successful as she continues to resist most personal care and appears very distressed. It is decided that a medication for bathing and personal care might be required, so the RN prepares to call the physician to request an order.
  - What tool in the Algorithm might assist the RN to have this conversation with the physician? [Find it] \_\_\_\_\_
  - What tool(s) in the Algorithm might assist the physician in assessment of this situation? [Find them] \_\_\_\_\_
  - What medications might be considered? [Find them] \_\_\_\_\_
  - The physician orders Trazodone 25 mg po bid prn before bathing and personal care. Given her hs sedation, is this total dose safe if given twice during the day? What side effects would you monitor her for? Look it up in the algorithm.
- The physician also orders her Tylenol to be changed from a prn dose to a regular standing dose, 325 mg po daily. With the added Trazodone and regular analgesia for pain, Mrs. M appears calmer and more tolerant of personal care efforts. While still resistant at times, the behaviours have lessened significantly in intensity and frequency. Using the algorithm, how would you evaluate the outcome of this intervention? Go there: \_\_\_\_\_