

# Care Plans for Specific Challenging Behaviours

## Patients at Risk for Resistance to Care (physical aggression during care activities)

Last Updated:

- ☐ Communicate patient's history of resistance to care to other staff members (update Kardex, give verbal report)

**Care that triggers resistance:**

**Resistance behaviours seen:**

### Address barriers to communication

Patient uses: ☐ Hearing aids ☐ Glasses

Patient communicates best in: ☐ English ☐ Other language:

### Provide verbal, visual and environmental cues to support understanding of care you want to provide

- ☐ Slow down your care (movement, speed of talking)
- ☐ Explain to patient what you plan to do BEFORE initiating care & ensure patient is agreeable before initiating
- ☐ Use simple, short sentences and a calm, friendly voice
- ☐ Tell patient what to do, rather than what not to do
- ☐ Encourage patient to participate in care if he/she is able
  - ☐ Break down tasks into small steps
  - ☐ Provide assistance with sequencing with verbal/visual directions
- ☐ Offer patient choices, where possible, to promote autonomy
- ☐ If patients pinches or grabs staff during care, place a washcloth in his/her hand prior to giving care
- ☐ If patient scratches during care, have staff wear long sleeved yellow gowns to reduce the risk of injury
- ☐ If patient becomes agitated during care, STOP, ensure safety and defer care until patient settles
- ☐ If care is urgent, enlist support of other staff and security to deliver care, and consider need for PRN medications
- ☐ Provide personal care in pairs to maximize safety and provide support
- ☐ Cluster patient care as much as possible to decrease frequency of care contacts
- ☐ Involve patient's family and/or caregiver(s) in care, if possible
- ☐ Other strategies that help:
- ☐ Strategies that worsen behaviour:

# Patients at Risk of Leaving by Mistake/Exit-Seeking/ Unsafe Wandering

Last Updated:

- ☐ Ensure that physician team is aware that patient wants to leave and that they have assessed and documented that patient is unable to make this decision (otherwise the patient should be allowed to leave against medical advice/AMA)
- ☐ Place wandering patient profile on patient's chart, include:
  - ☐ Photograph (contact security x5056 to take picture – discuss with patient/POA/SDM to obtain consent for picture)
  - ☐ Physical description
- ☐ Communicate patient's unsafe wandering/ exit-seeking to other staff & security
- ☐ Post patient's picture at nursing station (ensure, as much as possible, that picture is only visible to staff)
- ☐ Provide wandering bracelet and check qShift to ensure it is functional
- ☐ Consider need for constant care provider. If patient has a history of aggression, then consider using security as constant care provider
- ☐ Ensure patient is dressed in hospital gown to facilitate recognition by others that he/she is a patient (consider having security store patient's belongings for safekeeping or have family/caregivers take belongings home)
- ☐ If patient is wandering into an unsafe area, ask patient to walk with you and then attempt to engage patient in another activity
  - ☐ Use simple, short sentences and a calm, friendly voice
  - ☐ Tell patient what to do, rather than what not to do
- ☐ Provide orientation cues:
  - ☐ Post patient's name on the door to his/her room (if needed, write in patient's language)
  - ☐ Orient patient to place/date
  - ☐ Update patient whiteboard qShift
- ☐ Provide activities to keep patient occupied (e.g. newspapers, books, TV, music, art, volunteer, chaplain)

# Patients at Risk for Physical Aggression

Last Updated:

- ☐ Communicate patient's history of aggression to other staff members (update Kardex, give verbal report)
- ☐ Scan patient's room and immediate environment qShift, and remove any sharps, excess furniture or equipment, objects that can be thrown, etc.
- ☐ Remove ID tag/lanyard/stethoscope from your neck and secure long hair during close interactions with patient to avoid patient pulling on these
- ☐ Observe for and document patient's triggers for aggressive behaviour
- ☐ If aggressive behaviour occurs, STOP task and remove self and others from patient's personal space
- ☐ De-escalate the situation by:
  - ☐ Responding calmly; use a non-threatening body posture
  - ☐ Don't react, argue, give a defensive response or rationalize
  - ☐ Validate: acknowledge the patient's feelings
  - ☐ Give directions/instructions; keep it short and simple
  - ☐ Recognize the difference between venting and abusive language
- ☐ After the patient has de-escalated:
  - ☐ Seek clarification for the behaviour
  - ☐ Allow time and try another approach
  - ☐ Redirect

**Patient-Specific Information:**

**Triggers:**

**PRN medications:**

**Other strategies that help:**