

Tutorial for SETMA's Deployment of the Texas Department of Aging and Disability Services' Reduction of Antipsychotic Medications Toolkit

In an effort to decrease the inappropriate use of antipsychotic medications in Texas Nursing Homes, The Texas Medical Foundation and the Texas Department of Aging and Disability provided this toolkit. Because SETMA provides care to over 90% of the long-term care residents in Southeast Texas, which comprises a five county area, and because SETMA documents the care of those patients in our electronic patient record (EMR), we have taken this tool kit and created a Clinical Decision Support tool to improve the care of the patients for whom we have responsibility.

The following are the templates and functionalities which are now deployed in our EMR. First is the principle template which launches all of our electronic patient care. Outlined in **green** on this template is the hyperlink which launches the Nursing Home suite of templates.

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: Patient's Code Status:

Home Phone: Date of Birth: **Patient has one or more alerts!** [Click Here to View Alerts](#)

Work Phone: [Intensive Behavioral Therapy Transtheoretical Model](#)

Cell Phone: [Bridges to Excellence View](#)

[Pre-Visit/Preventive Screening](#)

Patient Eligible For Medicare Preventive Exam

Has the patient traveled to West Africa recently? ☐ Yes ☐ No

Has the patient had any suspected contact with Ebola? ☐ Yes ☐ No

☒ Click here if template accessed for administrative use only.

☐ Click here if the patient is unable to respond.

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions
SETMA's LESS Initiative <input type="button" value="I"/>	Master GP <input type="button" value="I"/>	Diabetes <input type="button" value="I"/>	<input type="text" value="01/20/2015"/>	Lab Present <input type="button" value="I"/>
Last Updated: <input type="text" value="01/20/2015"/>	Nursing Home <input type="button" value="I"/>	Hypertension <input type="button" value="I"/>	<input type="text" value="05/21/2013"/>	Lab Future <input type="button" value="I"/>
Preventing Diabetes <input type="button" value="I"/>	Physical Therapy	Lipids <input type="button" value="I"/>	<input type="text" value="03/08/2013"/>	Lab Results <input type="button" value="I"/>
Last Updated: <input type="text" value="//"/>	Podiatry	Acute Coronary Syn <input type="button" value="I"/>	<input type="text" value="//"/>	Hydration <input type="button" value="I"/>
Preventing Hypertension <input type="button" value="I"/>	Rheumatology	Angina <input type="button" value="I"/>	<input type="text" value="//"/>	Nutrition <input type="button" value="I"/>
Smoking Cessation <input type="button" value="I"/>	Hospital Care	Asthma <input type="button" value="I"/>	<input type="text" value="//"/>	Guidelines <input type="button" value="I"/>
Care Coordination Referral	Hospital Care Summary <input type="button" value="I"/>	Cardiometabolic Risk Syn <input type="button" value="I"/>	<input type="text" value="09/23/2013"/>	Pain Management
PC-MH Coordination Review	Daily Progress Note	CHF <input type="button" value="I"/>	<input type="text" value="//"/>	Immunizations <input type="button" value="I"/>
Needs Attention!!	Admission Orders <input type="button" value="I"/>	Diabetes Education	<input type="text" value="//"/>	Reportable Conditions
HEDIS <input type="button" value="I"/>		Headaches	<input type="text" value="//"/>	Information
NQF <input type="button" value="I"/>		Renal Failure	<input type="text" value="//"/>	Charge Posting Tutorial
PQRS <input type="button" value="I"/>		Weight Management <input type="button" value="I"/>	<input type="text" value="//"/>	E&M Coding Recommendations
ACO <input type="button" value="I"/>				Drug Interactions <input type="button" value="I"/>
Elderly Medication Summary				Infusion Flowsheet
STARS Program Measures				Insulin Infusion
Exercise				
Exercise <input type="button" value="I"/>				
CHF Exercise <input type="button" value="I"/>				
Diabetic Exercise <input type="button" value="I"/>				

When the Nursing Home hyperlink is deployed the Nursing Home Master template is deployed. Outlined in **green** is the button which launches the Antipsychotics Toolkit. There are five sections to the tool kit:

1. Is the patient on one or more antipsychotic drugs?
2. Does the patient have one or more diagnoses for an antipsychotic drug?
3. The following are not adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.
4. Start with the following general principles to reduce antipsychotic use.
5. What to do when...

☐ Nursing Home Patient **Nursing Home Master**

☐ Medications Reviewed/Ordered 04/10/2013 **NQF Nursing Home Measures**

Nursing Home Patient QTest

Current Unit Age 55 years Last Visit

Room # Sex M Last H&P

Source of Information BP Last Flu Shot 20140113

Complaints Temp Last Tetanus 20140923

Pulse Last Pneumovax 20130419

Resp Last Rectal Exam

Weight Last TB Skin test

Height 73.00 in. Last Chest Xray 08/15/2006

BMI 0.00 VRE status

Body Fat 38.9 % MRSA status

BMR Hepatitis status

Protein Req

Chronic Conditions

#	Problem Description
0	Compression fracture of spine
0	Discharge from ear
0	Both parents smoke
0	Tourette's disease
0	Pancreatic cancer
0	Yellow mutant oculocutaneous albinism
0	Purple toe syndrome
0	Red cell aplasia
0	Alcohol dependence
0	Chronic ischemic heart disease, unspecified
0	CHF (congestive heart failure)
0	Green monkey disease
0	One chronic disease present
0	Two chambered right ventricle
0	HIV (human immunodeficiency virus infection)
0	Dementia
1	Controlled type 2 diabetes with renal impairment
2	Chronic kidney disease, stage II (mild)
3	Chronic diastolic congestive heart failure
4	Chronic kidney disease, stage II (mild)
5	Hypertension

DNR Status

☐ Visit Today

☐ History and Physical Today

☐ Consent Form Signed Updated 09/13/2013

Updated 05/21/2013

Updated

Comments

Home

Nursing

Histories

Health

Questionnaires

HPI Chief

System Review

Physical Exam

Radiology

Procedures

Assessment

Guidelines for Care

Hydration

Nutrition

Skin Lesions

Mini Mental Status

Fall Risk

Depression

When this button is deployed, the EMR is searched for Antipsychotic Drugs in these Classifications:

- Antipsychotic
- Anxiolytic
- Hypnotic
- Antidepressant
- Anticonvulsant/Manic

This is a partial list of psychotropic drugs commonly used in the long-term care setting. Some of these drugs are listed under their official classifications, but may be seen with the intended use of the above classifications to alter/change mood or behavior. Any drugs which are found are automatically listed under its category.

Reduction of Psychotropic Medications

Return

Yes 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

In section 2 of this template, the computer automatically denotes: “Does the patient have one or more adequate indications for an antipsychotic drug?” See below for details.

Reduction of Psychotropic Medications

Return

Yes

1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes

2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
 - not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

If there is no appropriate diagnosis for the use of an antipsychotic medication, consideration should be given for discontinuing the medication and/or for employing one of more of the therapeutic or environment interventions provided below.

Section 3 of the tool kit lists the indications for which antipsychotics are often used but which are inadequate indications for such use.

Reduction of Psychotropic Medications

Return

Yes

1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes

2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
- ☐ not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

Section 4 lists alternatives for antipsychotic medications when there is not an indication for their use. This section lists 16 actions which can be instituted to decrease the use of antipsychotic medications. The example shows all of the actions checked off but generally you would only begin a few at a time.

Those which you check off will appear on the chart note to be placed on the nursing home chart or on the chart of a patient in the clinic.

Reduction of Psychotropic Medications

Yes 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
 - not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	<input type="button" value="Click for Plan"/>
The resident is verbally/physically abusive.	<input type="button" value="Click for Plan"/>
The resident is pacing/wandering/at risk for elopement.	<input type="button" value="Click for Plan"/>
The resident is disruptive in group functions.	<input type="button" value="Click for Plan"/>
The resident has sudden mood changes or depression.	<input type="button" value="Click for Plan"/>

The above principles are used for the reduction of the use of physical restraints. The most important actions are to start with a pain assessment and a screen for depression. These assessments can be done with tools provided by SETMA: see <http://www.jamesholllymd.com/epm-tools/Patient-Centered-Medical-Home-Annual-Questionnaires> for: Fall Risk, Pain Assessment, Functional Assessment, Wellness and Stress; see <http://www.jamesholllymd.com/epm-tools/Tutorial-Depression> for depression evaluation.

Fear is created by disorientation and confusion. The “5 Magic Tools” are helpful in enhancing orientation and decreasing confusion. These “Magic Tools” involving “knowing what the resident likes to See, Smell, Touch, Taste, Hear.” Remember that new and/or strange environments can disorient and confuse patients. Using these five sensory perceptions to create a familiar and pleasant environment can help patients regain their sense of security and safety.

Section five is entitled “What can be done when...” Each of the five “What Can Be Done” recommendations give specific guides for helping patients cope with their new surroundings and with their decreasing mental acuity.

Reduction of Psychotropic Medications

Return

Yes

1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes

2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

The five categories of “What to do when...” are:

1. The resident tries to resist care
2. The resident is verbally/physically abusive
3. The resident is pacing/wandering/at risk for elopement
4. The resident is disruptive in group functions
5. The resident has sudden mood changes or depression

The first is “what to do when the patient resists care.”

Reduction of Psychotropic Medications

Return

Yes

1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes

2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
 - not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are NOT adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

When the patient resists care, the following suggests may be helpful. There are two categories:

1. Therapeutic Interventions
2. Environmental and Equipment Intervention

What to try when a resident resists care

Therapeutic Intervention

<input type="checkbox"/> Evaluate recent medication changes, especially if the behavior is new.	<input type="checkbox"/> Is the resident hungry? Offer the resident a snack prior to providing care.
<input type="checkbox"/> Determine if the resident is in pain, and if so, why? Treat the pain.	<input type="checkbox"/> Provide a periodic exercise program throughout the day (e.g. A walk to dine program.
<input type="checkbox"/> Evaluate whether the care can be performed at a different time.	<input type="checkbox"/> Encourage wheelchair/chair pushups, or assist the resident to stand periodically.
<input type="checkbox"/> Determine if the resident is trying to communicate a specific need.	<input type="checkbox"/> Provide activities to assess and provide entertainment.
<input type="checkbox"/> Evaluate the resident's sleep patterns.	<input type="checkbox"/> Encourage repositioning frequently.
<input type="checkbox"/> Place the resident in bed when he or she is fatigued.	
<input type="checkbox"/> Evaluate if there has been a change in the resident's routine.	
<input type="checkbox"/> Provide a positive distraction, or something the resident enjoys.	

Environmental and Equipment Intervention

<input type="checkbox"/> Use assistive devices (wedge cushion, solid seat for wheelchair, side or trunk bolsters, pommel cushion, Dycem, etc.).	<input type="checkbox"/> Place the resident's favorite items in their room to provide them comfort.
<input type="checkbox"/> Evaluate the resident for an appropriate size chair and proper fit.	<input type="checkbox"/> Allow access to personal items that remind the resident of their family, especially photos.
<input type="checkbox"/> Evaluate alternative seating to relieve routine seating pressure/pain.	<input type="checkbox"/> Encourage routine family visits with pets.
<input type="checkbox"/> Use an overstuffed chair, reclining wheelchair, non-wheeled chairs, or wingback chair.	<input type="checkbox"/> Provide consistent caregivers.
<input type="checkbox"/> Place a call bell in reach of the resident.	<input type="checkbox"/> Evaluate if the resident's environment can be modified to better meet their needs. (i.e. Determine if the resident's environment can be more personalized.)
<input type="checkbox"/> Provide an over-bed table for to allow for diversional activities.	
<input type="checkbox"/> Place a water pitcher in reach of the resident.	

Reduction of Psychotropic Medications

Return

Yes **1. Is the patient on one or more antipsychotic drugs?**

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes **2. Does the patient have one or more adequate indications for an antipsychotic drug?**

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are NOT adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

The second category is “What to do when the resident is verbally/physically abusive.”

What to when the resident is verbally or physically abusive

Therapeutic Intervention

- ☐ Begin with medical evaluation to rule out physical or medication problems.
- ☐ Evaluate the resident for acute medical conditions such as urinary tract infections, upper respiratory infections, ear infections or other infections.
- ☐ Evaluate the resident for pain, comfort and/or other physical needs such as hunger, thirst, position changes, bowel and bladder urges.
- ☐ Attempt to identify triggering events or issues that stimulate the behavior.
- ☐ Consider using a behavior tracking form to assist in identification of triggers and trending patterns.
- ☐ Consult with the resident's family regarding past coping mechanisms that proved effective during times of increased stress levels.
- ☐ Provide companionship.
- ☐ Validate feelings such as saying, You sound like you are angry.
- ☐ Redirect.
- ☐ Employ active listening skills and address potential issues identified.
- ☐ Set limits.
- ☐ Develop trust by assigning consistent caregivers whenever possible.
- ☐ Avoid confrontation. Decrease your voice level.
- ☐ Provide a sense of safety by approaching in a calm/quiet demeanor.
- ☐ Provide rest periods.
- ☐ Provide social services referral if needed.
- ☐ Provide a psychologist/psychiatrist referral if needed.
- ☐ Provide touch therapy and/or massage therapy on the hands or back.
- ☐ Reduce external stimuli (overhead paging, TV, radio noise, etc.).
- ☐ Evaluate staffing patterns and trends.
- ☐ Evaluate sleep/wake patterns.
- ☐ Maintain a regular schedule.
- ☐ Limit caffeine.
- ☐ Avoid sensory overload.

Environmental and Equipment Intervention

- ☐ Use relaxation techniques (i.e. tapes, videos, music etc.).
- ☐ Help the resident create theme/memory/reminiscence boxes/books.
- ☐ Help the resident create a magnification box to create awareness of the resident's voice level and provide feedback.
- ☐ Use a lava lamp, soothe sounders, and active mobile.
- ☐ Play tapes and videos of family and/or familiar relatives or friends.
- ☐ Move to a quiet area, possibly a more familiar area, if needed. Decrease external stimuli.
- ☐ Use fish tanks.
- ☐ Encourage family visits, and visits from favorite pets.
- ☐ Identify if another resident is a trigger for this behavior.

The second category is “What to do when the resident is verbally/physically abusive.”

Reduction of Psychotropic Medications

Yes 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
- ☐ not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

- ☐ Wandering
- ☐ Poor self care
- ☐ Restlessness
- ☐ Impaired memory
- ☒ Mild anxiety
- ☐ Insomnia
- ☐ Inattention or indifference to surroundings
- ☐ Sadness or crying alone that is not related to depression or other psychiatric disorders
- ☐ Fidgeting
- ☒ Nervousness
 - e.g. refusal of or difficulty receiving care
- ☐ Uncooperative

4. Start with the following general principles to reduce antipsychotic use.

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TVs, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	---

5. What to do when...

The resident tries to resist care.	<input type="button" value="Click for Plan"/>
The resident is pacing/wandering/at risk for elopement.	<input type="button" value="Click for Plan"/>
The resident is disruptive in group functions.	<input type="button" value="Click for Plan"/>
The resident has sudden mood changes or depression.	<input type="button" value="Click for Plan"/>

When specific boxes are checked, they will appear on the chart note, which then can be placed on the chart as a plan of care and treatment plan.

The third category is “What to do when the resident is pacing/wandering/at risk for elopement.”

What to do when the resident is pacing or at risk for elopement

Therapeutic Intervention

<input type="checkbox"/> Find ways to meet a resident's needs to be needed, loved and busy while being sensitive to their personal space.	<input type="checkbox"/> Provide structured, high-energy activities and subsequent relaxation activities.
<input type="checkbox"/> Provide diverse activities that correspond with past lifestyles/preferences.	<input type="checkbox"/> Avoid confrontation. Decrease your voice level.
<input type="checkbox"/> Consider how medications, diagnoses, Activities of Daily Living schedule, weather or how other residents affect wandering.	<input type="checkbox"/> Provide distraction and redirection.
<input type="checkbox"/> Evaluate the need for a Day Treatment Program for targeted residents.	<input type="checkbox"/> Provide written/verbal reassurance about where he/she is and why.
<input type="checkbox"/> Help resident create theme/memory/reminiscence boxes.	<input type="checkbox"/> Alleviate fears.
<input type="checkbox"/> Provide companionship.	<input type="checkbox"/> Ask permission before you touch, hug etc.
<input type="checkbox"/> Provide opportunities for exercise particularly when waiting.	<input type="checkbox"/> Assess/evaluate if there is a pattern in the pacing or wandering.
<input type="checkbox"/> Pre-meal activities.	<input type="checkbox"/> Assess for resident's personal agenda and validate behaviors.
<input type="checkbox"/> Singing, rhythmic movements, dancing, etc.	<input type="checkbox"/> Ask family to record reassuring messages on tape.
<input type="checkbox"/> Identify customary routines and allow for preferences.	<input type="checkbox"/> Evaluate for a restorative program.
<input type="checkbox"/> Help the resident create a photo collage or album of memorable events.	<input type="checkbox"/> Perform a physical workout.

Environmental and Equipment Intervention

<input type="checkbox"/> Remove objects that remind the patient/resident of going home (hats, coats, etc.)	<input type="checkbox"/> Evaluate camouflaging of doors.
<input type="checkbox"/> Individualize the environment. Make the environment like the resident's home. Place objects within the environment that are familiar to the resident.	<input type="checkbox"/> Evaluate visual cues to identify safe areas.
<input type="checkbox"/> Place a large numerical clock at the resident's bedside to provide orientation to time of day as it relates to customary routines.	<input type="checkbox"/> Play a favorite movie or video.
<input type="checkbox"/> Ensure the courtyard is safe for the resident.	<input type="checkbox"/> Put unbreakable or plastic mirrors at exits.
<input type="checkbox"/> Decrease noise level (especially overhead paging).	<input type="checkbox"/> Place Stop and Go signs.
<input type="checkbox"/> Evaluate floor patterns.	<input type="checkbox"/> Evaluate the WanderGuard system.
<input type="checkbox"/> Evaluate rest areas in halls.	<input type="checkbox"/> Use relaxation tapes.
	<input type="checkbox"/> Evaluate and use, as necessary, visual barriers and murals.
	<input type="checkbox"/> Evaluate wandering paths.
	<input type="checkbox"/> Evaluate room identifiers.

The fourth category is “What to do when the resident is disruptive in group functions.”

Reduction of Psychotropic Medications

☒ **Yes** 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

☒ **Yes** 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
- ☐ not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering <input type="checkbox"/> Poor self care <input type="checkbox"/> Restlessness <input type="checkbox"/> Impaired memory <input checked="" type="checkbox"/> Mild anxiety <input type="checkbox"/> Insomnia	<input type="checkbox"/> Inattention or indifference to surroundings <input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders <input type="checkbox"/> Fidgeting <input checked="" type="checkbox"/> Nervousness <input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
---	---

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment. <input checked="" type="checkbox"/> Provide for a sense of security <input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear). <input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box. <input checked="" type="checkbox"/> Play to the resident's strengths. <input checked="" type="checkbox"/> Encourage independence. <input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident. <input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed. <input checked="" type="checkbox"/> Provide consistent caregivers. <input checked="" type="checkbox"/> Screen for depression and possible interventions. <input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.). <input checked="" type="checkbox"/> Be calm and self-assured. <input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors. <input checked="" type="checkbox"/> Employ distraction methods based upon their work and career. <input checked="" type="checkbox"/> Offer choices.
--	--

5. What to do when...

The resident tries to resist care.	<input type="button" value="Click for Plan"/>
The resident is verbally/physically abusive.	<input type="button" value="Click for Plan"/>
The resident is disruptive in group functions.	<input type="button" value="Click for Plan"/>
The resident has sudden mood changes or depression.	<input type="button" value="Click for Plan"/>

These are the therapeutic and environmental recommendations for residents who are disruptive in a group.

What to do when the patient is disruptive in group functions

Therapeutic Intervention

<input type="checkbox"/> Evaluate new medications, antibiotics especially, and asses pain. <input type="checkbox"/> Remove resident from group, evaluate for group stress. <input type="checkbox"/> Determine if resident requires toileting. <input type="checkbox"/> Determine if resident is hungry, and if so, provide them with a small snack. If the resident is thirsty, provide the resident a beverage.	<input type="checkbox"/> If this is a new behavior in a group, evaluate what is different this time. <input type="checkbox"/> Assure resident has had a rest period prior to group activity. <input type="checkbox"/> Assure there are no medical complications (low/high blood sugar). <input type="checkbox"/> Assure resident is not in pain. <input type="checkbox"/> Return resident to group function, if possible.
--	---

Environmental and Equipment Intervention

<input type="checkbox"/> Determine whether clothing is appropriate for a particular function. <input type="checkbox"/> Evaluate is the resident has well-fitting shoes, and ensure they do not rub the resident's feet. <input type="checkbox"/> Evaluate ambulation devices (wheelchair, walker) that are in good working condition. <input type="checkbox"/> Ensure there is adequate lighting, especially at night.	<input type="checkbox"/> Ensure room/function is not overly crowded. <input type="checkbox"/> Ensure room is not too warm or cold. <input type="checkbox"/> Consider providing snacks and refreshments for all group functions. <input type="checkbox"/> Ensure sound in group functions is loud enough so the resident can hear. <input type="checkbox"/> Provide consistent caregivers. <input type="checkbox"/> Evaluate if this program fits into the resident's area of interest.
---	---

The fifth and last section of “What to do when...” relates to when “The resident has sudden mood changes or depression.”

Reduction of Psychotropic Medications

Return

Yes 1. Is the patient on one or more antipsychotic drugs?

Antipsychotic	Anxiolytic	Hypnotic	Antidepressant	Anticonvulsant/Manic
ARIPRAZOLE				

Yes 2. Does the patient have one or more adequate indications for an antipsychotic drug?

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
 - e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
 - e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☒ Tourette's disorder
- ☐ Huntington's disease
- ☐ Hiccups
 - not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are **NOT** adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

<input type="checkbox"/> Wandering	<input type="checkbox"/> Inattention or indifference to surroundings
<input type="checkbox"/> Poor self care	<input type="checkbox"/> Sadness or crying alone that is not related to depression or other psychiatric disorders
<input type="checkbox"/> Restlessness	<input type="checkbox"/> Fidgeting
<input type="checkbox"/> Impaired memory	<input checked="" type="checkbox"/> Nervousness
<input checked="" type="checkbox"/> Mild anxiety	<input type="checkbox"/> Uncooperative e.g. refusal of or difficulty receiving care
<input type="checkbox"/> Insomnia	

4. Start with the following general principles to reduce antipsychotic use.

<input checked="" type="checkbox"/> Start with a pain assessment.	<input checked="" type="checkbox"/> Involve the family by giving them a task to support the resident.
<input checked="" type="checkbox"/> Provide for a sense of security	<input checked="" type="checkbox"/> Use a validated pain assessment tool to assure non-verbal pain is addressed.
<input checked="" type="checkbox"/> Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).	<input checked="" type="checkbox"/> Provide consistent caregivers.
<input checked="" type="checkbox"/> Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box.	<input checked="" type="checkbox"/> Screen for depression and possible interventions.
<input checked="" type="checkbox"/> Play to the resident's strengths.	<input checked="" type="checkbox"/> Reduce noise (paging, alarms, TV's, etc.).
<input checked="" type="checkbox"/> Encourage independence.	<input checked="" type="checkbox"/> Be calm and self-assured.
<input checked="" type="checkbox"/> Use pets, children and volunteers.	<input checked="" type="checkbox"/> Attempt to identify triggering events that stimulate behaviors.
	<input checked="" type="checkbox"/> Employ distraction methods based upon their work and career.
	<input checked="" type="checkbox"/> Offer choices.

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

The following are the therapeutic and environmental recommendations for residents who have sudden mood changes and/or depression.

What to consider with a sudden mood change, such as depression

Therapeutic Intervention

- ☐ Evaluate any new medications and assess pain.
- ☐ Evaluate for orthostatic hypotension and change positions slowly.
- ☐ Reevaluate physical needs such as toileting, comfort, pain, thirst and timing of needs.
- ☐ Rule out medical problem (high/low blood sugar changes).
- ☐ Engage resident in conversation about their favorite activity, positive experiences, pets, etc.
- ☐ Touch if appropriate while recognizing personal body space.
- ☐ Anticipate customary schedules and accommodate personal preferences.
- ☐ Evaluate balance for sub-clinical disturbances such as inner ear infections.
- ☐ Validate feelings and mobilize the resident. For instance, if the resident states, I want to get up, reply, You want to get up? to confirm you heard them correctly. If so, act on the resident's request.
- ☐ Evaluate hearing and vision.
- ☐ Discern if talk therapy is possible.
- ☐ Assess sleep patterns.

Environmental and Equipment Intervention

- ☐ Assess for changes in the resident's environment.
- ☐ Assess for changes in the resident's equipment.
- ☐ Involve family members to assure them that there have been no changes within the family, without the facility's knowledge.
- ☐ Provide routines for consistency.
- ☐ Provide consistent caregivers.
- ☐ Provide nightlights for security.
- ☐ Employ the use of a memory box.
- ☐ Employ functional maintenance / 24-hour plan.
- ☐ Encourage the resident, if able, to verbalize his or her feelings.
- ☐ Eliminate noise and disruption.
- ☐ Employ the use of a sensory room or tranquility room.

OK

Cancel

As with all clinical decision supports, this tool kit is evaluational for the resident and it is also educational for the provider. The more familiar caregivers become with these interventions both therapeutic and environmental, and the more frequently the caregivers use this tool kit, the more effective the facility and caregivers will become in appropriately using antipsychotics for the benefit of the resident.

Once the tool kit is reviewed in the care of a resident with the checking off of the intended interventions, the chart note will be completed and will be placed on the resident's chart. The result of the resident's evaluation with this tool kit will be reviewed by the team caring for the resident. The recommendations and interventions will be incorporated into the care plan for the resident.