BEHAVIOURS **OF CONCERN**

Definition: Behavioural and psychological symptoms of dementia (BPSD) are defined by the International Psychogeriatric Association as "symptoms of disturbed perception, thought content, mood, and behaviour frequently occurring in residents with dementia".

Alert

Report

- Are these new behaviours?
- **OR** have these behaviours got worse in their intensity?
- **IF YES** — see the Acute Deterioration and Delirium care guides.

Alert/respond now

- Is the health and welfare of this resident, other residents or staff, at risk?
- **IF YES** — call the registered nurse, clinical manager or an ambulance immediately.

Assessment

- **Check vital signs** – heart rate, blood pressure, respiratory rate, oxygen saturations and temperature Identify potential triggers
- **Remember:** the resident has a brain failure due to disease. They cannot help their behaviour
- Don't judge the resident

OBSERVE

Signs and symptoms

- Screaming, calling out, crying
- Inappropriate undressing
- Resistance in allowing others to help with personal care
- Excessive wandering and pacing
- Physical and verbal aggression
- Verbal abuse
- Fidgeting
- Inappropriate sexual behaviour
- Sleeping patterns change, day–night reversal
- Paranoid thoughts
- Common delusions in people with dementia are theft and infidelity
- Hallucinations: seeing or hearing people, animals or objects due to brain failure
- Misidentification of staff for family/whānau members is also common
- Wandering and intrusiveness (AWOL risk)
- Repetitive/obsessive behaviours
- Apathy
- Anxiety

IDENTIFY

CAUSE OF BPSD*

Physical causes

- Acute illness – delirium due to illness, urinary tract infection, chest infection, stroke, heart attack
- Side effects of medication
- Impaired vision or hearing
- Dehydration
- Hunger
- Constipation
- Fatigue
- Pain/discomfort

Environmental causes of BPSD*

- Too large an environment
- Too much clutter
- Excessive stimulation – too much noise, too many people
- No orientation information or cues
- Poor sensory environment
- Unstructured environment
- Unfamiliar environment

Behaviours related to tasks

- The task is unfamiliar, too complicated or too many steps are involved in the task for the resident to manage

*Behaviours and psychological symptoms of dementia

ACTION

ACTION PLAN

De-escalate the situation

Use a quiet approach, good communication, reassure, comfort and listen, walk away

Take action

Look for and identify a potential unmet need, is the resident hungry, thirsty, in pain, wants to go to the toilet or is just lost and disoriented?

Be mindful of your own body language, voice and tone. Quiet non-threatening interaction is required

Immediate steps in BPSD* management

For a few moments observe resident from a distance because they may settle on their own accord without intervention

- Acknowledge distress and reassure the resident
- Do not argue or correct
- Remove resident to a quiet environment
- Distraction – exercise; walk, music, food, snack, touch, massage
- Search for belongings if resident considers them lost or stolen
- Consider potential fear of people or noise
- Consider gender or cultural issues
- Consider physical distance and your safety

Know your resident

- Who are they? Family/whānau, previous occupation, hobbies, interests, likes and dislikes.
- Know their health history

*Behaviours and psychological symptoms of dementia

RECORD

- **Communication needs to be concise** - give simple instructions, make eye contact, face the resident, smile and maintain a calm manner
- **Make sure the resident is wearing glasses and hearing aids, if required**
- **Understand your resident's previous fears and triggers**
- **Environment** – quiet; reduce noise and personalise your resident's bedroom
- **Food and fluid charts** – know resident's likes and dislikes
- **Bowel management** – monitor for signs of constipation
- **Socialisation** – involve your resident in regular activities; music, exercise, crafts
- **Personal care** – showering, dressing and grooming. Don't rush the resident. If able, let them choose when, what clothes to wear, if appropriate
- **Review medications with registered nurse, nurse practitioner, general practitioner**
- **Involve family/whānau**
- **Review by general practitioner**
- **Behaviour monitoring chart**

Behaviour charts

- What time the incident occurred
- What happened before the event
- Who else was involved
- Who was affected
- Staff response
- What worked and what did not work in managing the resident's behaviour

Documentation

- Be complete and accurate in what you write
- Describe what actually happened or what you observed
- Record your successes or failures
- Avoid making assumptions
- Update resident care plan