

BEHAVIORAL SYMPTOMS PROTOCOLS

Offered to all intervention patients:

STRESS PROTOCOL FOR CARE

1. Assess for:
 - Poor insight of situation
 - Unsatisfactory caregiver-care receiver relationship
 - Competing roles
 - Social isolation
 - Insufficient leisure
 - Unrealistic expectations of caregiver placed on themselves and/or by others
 - Reluctance or inability to access help
 - Insufficient resources

Instruct caregiver about STRESS

2. Give caregiver handout: Guidelines for Coping, Looking on the Bright Side, For the Caregiver – Take Care.
3. Instruct caregiver to:
 - Identify all possible sources of volunteer help
 - A. Family (siblings, cousins)
 - B. Friends, neighbors
 - C. Church, community groups
 - Improve coping skills (time management, stress management)
 - A. Energy
 - B. Beliefs
 - C. Commitments, health, social skills, social support, material resources
 - Obtain positive feedback to lower levels of burnout, i.e., attend support group
 - Need consistent social support, i.e., set a schedule for respite care

EXERCISE PROTOCOL FOR CARE

Instruct caregiver in EXERCISE:

1. Give caregiver handout: Exercise: A Guide and Video from the National Institute on Aging, Help with Exercise.
2. Being active may lead to good sleep and decreased agitation, stress or moodiness for both the patient and caregiver.
3. To increase physical activity:
 - Turn on your favorite music and dance with the patient for at least 10 minutes or longer.
 - Watch a free television exercise program "Sit and Be Fit" and try to follow the routine. Located on PBS channel 20 or 21 Monday – Friday, 9:30-10:00am.
 - Take the patient for a walk in your neighborhood. Again try to walk for at least 10 minutes.
 - Have the patient ride a stationary exercise bike for at least 10 minutes at a time. Be sure to start slowly, then gradually build up speed.
 - Attend monthly exercise class at Primary Care Clinic during Caregiver Support Meeting.
 - Open the purple exercise book from your binder. Pick one exercise. Read the instructions. Then try to do the exercise with the patient. Try a new exercise each day.

COMMUNICATION PROTOCOL FOR CARE

Instruct caregiver in COMMUNICATION:

1. Give caregiver handout: Communicating with Your Loved One, Understanding Nonverbal Messages, Suggestions for Communication.
2. Speak slowly and wait for the patient to respond.
3. Confirm the patient is able to hear you.
4. Lower the pitch of your voice.
5. Eliminate distracting noises or activities in the surrounding area.
6. Ask only one simple question at a time.
7. Ask the patient to do only one task at a time and give simple instructions.
8. Help the patient to find the correct word, if he/she is struggling to find a word.
9. Have the patient point to an object, if they can't think of the name.
10. Repeating the patient's last words may get them started again.
11. Speak in simple, short sentences.
12. Check the patient's comfort frequently if they cannot talk:
 - Make sure their clothing is comfortable
 - The room is warm
 - No rashes or sores on their skin
 - Take to the toilet on a regular schedule
 - Make sure they are not hungry or sleepy.
13. Recognize nonverbal clues:
 - Remain calm and supportive
 - Smile and touch the person to express affection
 - Look directly at person to confirm if they are paying attention
 - Point, touch, and hand the person things
 - Demonstrate specific activities such as dressing

LEGAL & FINANCIAL PROTOCOL FOR CARE

Give handout: Alzheimer's Disease and Related Disorders Guide for the Caregiver.

Offered based on reported symptoms:

PHYSICAL HEALTH PROTOCOL FOR CARE

Give handout: For the Caregiver – Take Care.

DEPRESSION/ANXIETY PROTOCOL FOR CARE

1. Assess for history of Depression/Anxiety.
2. Consider medication intervention.

Instruct caregiver in DEPRESSION/ANXIETY:

1. Give caregiver handout: Depression.
2. Provide a bright and cheerful environment.
3. Activities:
 - Increase and encourage activities that the patient can enjoy.
 - Identify activities that the patient enjoyed in the past.
 - Modify to reflect patient's current level of function.
 - Keep activities simple, i.e. sing a song.
 - Use one or two-word instructions at a time to explain activity.
 - Observe the patient to confirm enjoyment of activities in which they are encouraged to participate.
 - Change activity when patient becomes bored or anxious.
4. Encourage social interaction with others.
 - Plan pleasant activities with people the patient enjoys, especially if patient complains of being lonely.
 - Encourage the patient to talk about pleasant things, both past and present. Thinking about happy events and helping them remember good things can cheer them. It can also make them feel more depressed about the past, so be sensitive.
 - Too many visitors can be overwhelming.
 - Encourage friends to visit one at a time.
 - Encourage friends to talk to patient and maintain eye contact.
5. Redirect the patient's attention and provide different activity when the patient expresses feelings of worthlessness, hopelessness, or being a burden to others.
6. Touch and hug the patient when he/she is crying and tearful.
7. Present patient to Care Plan Team for evaluation.
8. Individualize all of the above approaches to the patient's needs and situation.
9. Consider antidepressant/anxiety medication.

Instruct caregiver about SUICIDE:

10. Threats or statements about suicide should always be taken seriously.
 Notify the nurse practitioner/physician immediately.
11. Remove guns, knives, scissors, tools from environment.
12. Keep medication away from person.

REPETITIVE BEHAVIOR PROTOCOL FOR CARE

Instruct caregiver about REPETITIVE QUESTIONS:

1. Give caregiver handout: Help with Repetitive Behaviors or Words.
2. Attempt to ignore consistently repeated questions. This technique can work with some patients, but it will upset others who may become angry because they were not answered.
3. Understand that sometimes the patient may be unable to express what is actually worrying him or her. For example, if a patient continues to ask for someone who is dead, he or she may be trying to express that they feel lost. Caregivers can:
 - React to this emotional aspect, explaining that they will take care of the patient.
 - Distract the patient, either by asking him/her about something related or unrelated.
4. Occasionally, the patient responds only to agreement by caregivers or being distracted by a lie, for example, telling the patient a deceased friend or relative will be coming later.

Instruct caregiver about REPETITIVE TASKS:

1. Implement for a patient who is continually repeating a task:
 - Give a new or specific task to perform. It is important that the caregiver does not appear to pressure the patient or sound upset; in such situations, a catastrophic reaction can be precipitated.
 - Providing positive attention for more appropriate behaviors will encourage these behaviors.

AGGRESSION/AGITATION PROTOCOL FOR CARE

1. Assess for history of aggression/agitation.
2. Consider medication intervention.

Instruct caregiver to:

1. Intervene early. By recognizing a problem situation and intervening before it becomes a crisis, caregivers can avoid many instances of agitation and aggression.

Instruct caregiver about COMBATIVE/DESTRUCTIVE BEHAVIOR

2. Give caregiver handout: Catastrophic Reactions & Sundowning, Help with Verbal Noises, Activities to Encourage, Activities to Avoid.
 3. Keep and/or remove the patient away from situations and individuals that upset the patient.
 4. Speak with a reassuring and gentle voice to the patient. It can help to defuse a situation by calming the person.
 5. Approach an agitated person slowly and calmly from the front. Caregivers should tell the person what they are going to do and try not to startle them.
 6. Use non-threatening postures when dealing with an agitated patient. Standing over a patient who is seated or in bed can be frightening and may provoke anger. Caregivers should bend from the knees, kneel or sit down so that they are at the patient's eye level.
 7. Redirect the person with questions about the problems and gradually turn their attention to something unrelated and pleasant. Provide different activities. Go to another room and leave the situation for a while.
 8. Establish a calm, quiet environment.
 - Use soft lighting and calm colors such as tan, peach, pale blue, or green.
 - Use carpeting to absorb sound (avoid throw rugs since patients can trip).
 - Add soft music.
- Avoid the following:
- Abstract/noisy designs which can be confusing or disturbing
 - Mirrors (outside dressing areas/bathrooms) which may be confusing
 - Loud telephone bells or paging systems, frequent re-design or room changes

9. Avoid arguing and trying to reason while the patient is agitated. Arguing almost always causes the agitation.
10. Be flexible. Medications may be given within one hour before or after scheduled time and a bath is not required daily.
11. Use touch judiciously. Sometimes a touch or a hug can be comforting to an agitated person, but for another it could be provoking.
12. Present patient to Care Plan Team for evaluation.
13. Consider medical intervention.

Instruct caregiver about INAPPROPRIATE SEXUAL BEHAVIOR

1. Give caregiver handout: Help with Inappropriate Sexual Behavior.
2. Do not overreact. Lead the person calmly out of the area or provide a robe and help put it on.
3. Purchase clothing that opens/closes in the back and pants that pull on versus zipping in the front. These can often stop undressing or fidgeting with clothing.
4. Do not overreact to masturbation. Provide patient privacy. Attempt to distract the patient by giving him/her a different activity or something else to fidget with.
5. Ask physician for a medication review.
6. Present patient to Care Plan Team for evaluation.
7. Consider medication intervention.

MOBILITY PROTOCOL FOR CARE

Instruct caregiver about WANDERING:

1. Give caregiver handout: Help with Wandering, Safe Return Registration Brochure, Important Phone Numbers.
2. Register for Safe Return program bracelet that is securely fastened, so the patient cannot remove it or slip it off. It may be better than a necklace.
3. Install locks that are unfamiliar and difficult to operate and are out of the patient's reach so that he cannot go outside unsupervised. Secure all means of exit in addition to doors. Patients may climb out second story windows, so secure them too.
4. Surround the patient with familiar things, i.e. pictures of his/her family, a throw blanket, and cuddly animals.
5. Provide frequent reassurance about where they are and why they are there; a patient will often forget that he or she is supposed to be in a particular place.
6. Involve the patient who is going to be moved in planning the move. Visit the new setting before hand, if he/she is able to understand what is going on.
 - With a more severely confused patient, it may be easier not to introduce them gradually, but to make the move as quickly as possible and without any fuss.
7. Give him/her a pocket card, if the person is can still read, understand and follow instructions. Instructions on the card should be simple and may include the following:
 - 'Stay calm and don't walk away'
 - 'Call home' and #000-000-0000.
 - For a shopping trip, 'Ask to be shown the menswear department and stay there. I will find you'.
8. Implement for aimless wandering:
 - Exercise may help to reduce restlessness. Walk daily.
 - Try to redirect him/her rather than directly confront the patient.
 - Walk with the patient and then lead him/her around a big circle.
 - Create an environment that calms the person.
9. Implement for incessant wandering:
 - Sit down with the patient and help him/her to put their feet up. Continuous walking causes the patient's feet to swell. He/she may sit still as long as the caregiver sits still.

10. Implement for restless wandering:
 - Give him/her some active task like dusting or stacking books.
11. Consider physical devices to restrain a person in a chair or bed. Either a chair or a Posey restraint may help to keep a person still and safe long enough for you to take a bath or fix supper. Never leave a person alone in the house while he is restrained, because of the possibility of a fire.
12. Present patient to Care Plan Team for evaluation.
13. Consider medication intervention.

Instruct caregiver in BALANCE/FALLS

1. Give caregiver handout: Help with Balance and Walking, About Falls and Injuries.
2. Put away scatter rugs, pad steps, tack down rug edges.
3. Provide secure leather sole shoes.
4. Remove all clutter from traffic areas.
5. Place person in the front seat of the car with seatbelt.
6. Do not move the patient after a fall.
7. When a person falls:
 - Remain calm
 - Check for injury or pain
 - Avoid precipitating a catastrophic reaction
 - Watch the person for signs of pain, swelling, bruises agitation, or increased distress; call the doctor if any of these symptoms appears or if you think there is any chance that he hit his head or otherwise hurt himself.

Instruct caregiver about SHADOWING

1. Tolerance for this behavior will keep the patient and you calm. Find other people to help with the person so you can get away and provide respite.
2. Childproof doorknobs or the bathroom door may help give you a few minutes of privacy.
3. Redirect the patient with simple tasks that the person can do.

Caregiver:

1. When the wandering behavior is more than can be manage or when a person cannot be kept safely in a home setting, and the caregiver has done all he or she can do, the caregiver will need to make plans for institutional care for the patient.

PERSONAL CARE PROTOCOL FOR CARE

Instruct caregiver in BATHING:

1. Give caregiver handout: Bath Time, Personal Care.
2. Maintain the patient's independence by encouraging participation in ADL's, e.g. wash face.
3. Maintain the person's daily routines when possible, and simplify the process.
4. Follow a regular routine, done the same way at the same time i.e. shower versus bath, morning versus evening.
5. Get the assistance of a male/female or attendant to assist with personal care.
6. Talk to the patient with a reassuring and calm voice. Give instructions one step at a time.
7. Partial baths or sponge baths are adequate daily hygiene.
8. Assistive appliances make bathing easier i.e. bath seat, hand held showerhead, and rubber mat.
9. Place only 2-3 inches of water in the tub.
10. Check the skin for reddened areas, breaks in the skin, rashes, and sores.
11. Install a flexible shower head.

Instruct caregiver in DRESSING:

1. Give caregiver handout: Getting Dressed, Clothing Ideas.
2. Arrange outfits with all pieces together, i.e. shirt with pants, blouse with skirt.
 - Eliminate belts, scarves, sweaters, ties, and other accessories that are often confusing and likely to be put on wrong.
3. Remove clothing that will not be used.
4. Lay out a clean outfit for the patient. Laying out clothes in the order in which he/she puts them on may also help.
5. Purchase clothing with elastic waist bands, replace buttons with Velcro tape, slip on shoes, and loose-fitting clothing.
6. Select clothing that is washable and that doesn't need ironing. For women short ankle socks are recommended versus stockings (full or knee high).

Instruct caregiver in MEALS/INAPPROPRIATE EATING BEHAVIOR:

1. Give caregiver handout: Mealtimes.
2. Use plastic tablecloth or placemats when the person develops problems with coordination and becomes messy. When the patient starts to use fingers instead of silverware, serve finger foods.
3. Use heavy dishes with sides and/or a plate guard to prevent food from being pushed from the dish.
4. Use smocks over clothing.
5. Try a convalescent feeding cup (spillproof cup for children) when drinking from a cup.

Instruct caregiver in DENTAL CARE:

1. Give caregiver handout: Dental Care.
2. Schedule regular dental check-ups.
3. Make sure dentures fit well (changes in the gums can change the fit of dentures.)
4. Tell the dentist about your concerns about care.
5. Look for a dentist who understands these patients and who works slowly and gently. If the dentist recommends a general anesthetic to care for teeth, carefully weigh the need for the care against the risks of the anesthetic.

Instruct caregiver in TOILETING/INCONTINENCE (both urine and bowel)

1. Give caregiver handout: Toileting.
2. Take detailed history, pelvic, rectal, and neurologic exam.
3. Give adequate fluids (6-8 cups/day) before 7:00 PM to decrease nighttime voiding.
4. Provide a commode and/or urinal to decrease the distance the patient has to travel.
5. Provide a chair and a bed that is easy for the person to get up and out of.
6. Leave a night light on, remove throw rugs, and slippers that are not slick-soled or floppy.
7. Remove the lock from the bathroom door.
8. Schedule bathroom trips every 3-4 hours.
9. Observe for non-verbal clues that the person has to use the bathroom i.e. restlessness, picking at clothing, etc.

10. If the patient has difficulty starting urination, provide a glass of water with a straw and have him/her blow bubbles.
11. Provide privacy.
12. Consider referral to medical personnel.

Consider Medical intervention for Urinary Incontinence:

1. Provide a voiding record of all voids or incontinence episodes for 2-7 days.
2. Obtain measurement of post-void residual volumes by catheterization or portable ultrasound.
3. Obtain laboratory studies including CMP, urinalysis and culture.
4. Obtain renal ultrasound if residual urine exceeds 100-200 ml.
5. Consider Geriatrics Consult in the Center for Senior Health for further evaluation and management of urinary incontinence.
6. Consider Urogynecology Consult for further evaluation and management of urinary incontinence.
7. Consider Women's Health: Continence Care Center for further evaluation and management of urinary incontinence.
8. Consider Urology Consult in the Center for Senior Health for further evaluation and management of urinary incontinence.
9. Recommend decreasing caffeine and provide patient with list of foods that may irritate the bladder and contribute to incontinence.
10. Recommend discontinuing the following medication that may contribute to urinary incontinence: _____.
11. Instruct in bladder retraining regimen.
12. Instruct caregiver in prompted voiding regimen.
13. Consider bladder relaxant medication: _____.
14. Consider topical estrogen if atrophic vaginosis.
15. Instruct in pelvic muscle exercises.
16. Instruct in intermittent self-catheterization.
17. Recommend use of a urinal and/or bedside commode.
18. Provide patient education materials on urinary incontinence and skin care.
19. Provide patient education pads and special undergarments.

SLEEP DISTURBANCE PROTOCOL FOR CARE

Instruct caregiver about SLEEPING:

1. Give caregiver handout: Help with Sleeping.
2. Implement a bedtime routine:
 - Brush teeth
 - Comb hair
 - Bath
 - Soft music
 - Conversation
3. Keep patient from napping during the day so he/she will be tired at night. Try keeping him occupied, active, and awake in the daytime.
4. Plan a regular activity program:
 - Long walk
 - Car ride
5. Take the person to the bathroom before bedtime.
6. Make sure the sleeping arrangements are comfortable:
 - Room is neither too warm nor too cool
 - Bedding is comfortable. Quilts are less likely to tangle than blankets and sheets.
7. Have the patient sleep in a lounge chair or on a sofa, if they will not sleep in a bed.
8. If all else fails, consider medication intervention. The caregiver needs to get rest.

DELUSIONS/HALLUCINATIONS PARANOIA PROTOCOL FOR CARE

Instruct caregiver about DELUSIONS/HALLUCINATIONS:

1. Give caregiver handout: Help with Hallucinations.
2. Avoid denying the person's experience or directly confronting him/her or arguing with the person.
3. Listen or give a noncommittal answer. Do not play along with a delusion or a hallucination.
4. Try to distract the person.
5. Attempt to touch the person physically, as long as they don't misinterpret your touch as an effort to restrain him/her.

Instruct caregiver about PARANOIA:

1. Give caregiver handout: Help with Paranoia. B920
2. Understand that this is not behavior the patient can control.
3. Do not confront the patient or argue about the truthfulness of the complaint.
4. Distract the patient with other activities.
5. Consider medication intervention