AGITATION, CARE OF THE RESIDENT WHO IS VERBALLY OR PHYSICALLY COMBATIVE

PURPOSE:
To eliminate or limit episodes of agitation, aggressive or combative behavior.

Staff will be familiar with non-verbal indicators of agitation such as:

- Crying
- Defensive behavior
- Pacing
- Fighting
- Rocking
- Tense position
- Wringing hands
- Clenching fists
- Grimacing
- Fearful expression
- Tightly closed eyes

PROCEDURE:

1. Always approach the resident calmly and unhurriedly. Speak in a calm voice. Explain all procedures and reason before performing.
2. Encourage the resident to perform independent A.D.L.'s if able.
3. Listen attentively.
4. Observed the environment for triggers/source of distress, remove trigger/source if possible.
5. Attempt to refocus behavior to something positive when the resident is exhibiting abusive behavior.
6. When the resident is demonstrating an abusive outburst, calmly ask the resident to take some deep breaths and calm down.
7. Encourage and assist the resident to help staff in mutual problem solving of abusive causing stimuli. Encourage the resident to discuss their interests or concerns.
8. If safe and appropriate, stop giving care when resident is combative and re-approach later/provide personal space.
9. Encourage the activities of the resident's choice and preference.
10. Respect the resident's individuality by giving them a choice in the timing of their care and activities.
11. Involve the family in the resident's care if possible or available. Obtain ideas/suggestions from family on items/interventions that calm resident.
12. Evaluate for comfort/pain, needs (hungry, thirsty, toilet needs), or illness.
13. Attempt modification of environment such as reducing noise, dim the lights, place familiar objects in area/room.
14. If unable to calm resident or if resident is a serious threat to him or herself, request a transfer for emergency/acute treatment.

15. Notify family, guardian or resident representative, of agitated behaviors and interventions.
16. Documentation of agitation/behaviors, interventions, and notification in the medical record.
17. Notify the physician if the behavior interferes with the resident's functioning.