



Utilizing Care Partners

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Situation

Patient “Claudia” has cognitive impairment and has exhibited multiple episodes of aggression in facility with resident-to-resident altercations. Although, high functioning in terms of mobility, “Claudia” now requires a 1:1 attendant to manage behavior, prevent episodes of aggression, and assist with personal needs. IDT focus on maintaining safety for all residents while proving Claudia with the least restrictive environment.

Background

Hx of anoxic brain injury r/t status asthmaticus
Multiple resident-to-resident altercations, unprovoked outbursts of aggression
Psychotropic use: Zyprexa (antipsychotic), Depakote (Mood stabilizer), Trazodone (antidepressant)

Assessment

OT for evaluation to address persistent psychosocial and ADL needs related to challenges with cognition, ability to self-regulate and repeat episodes of aggression towards others.

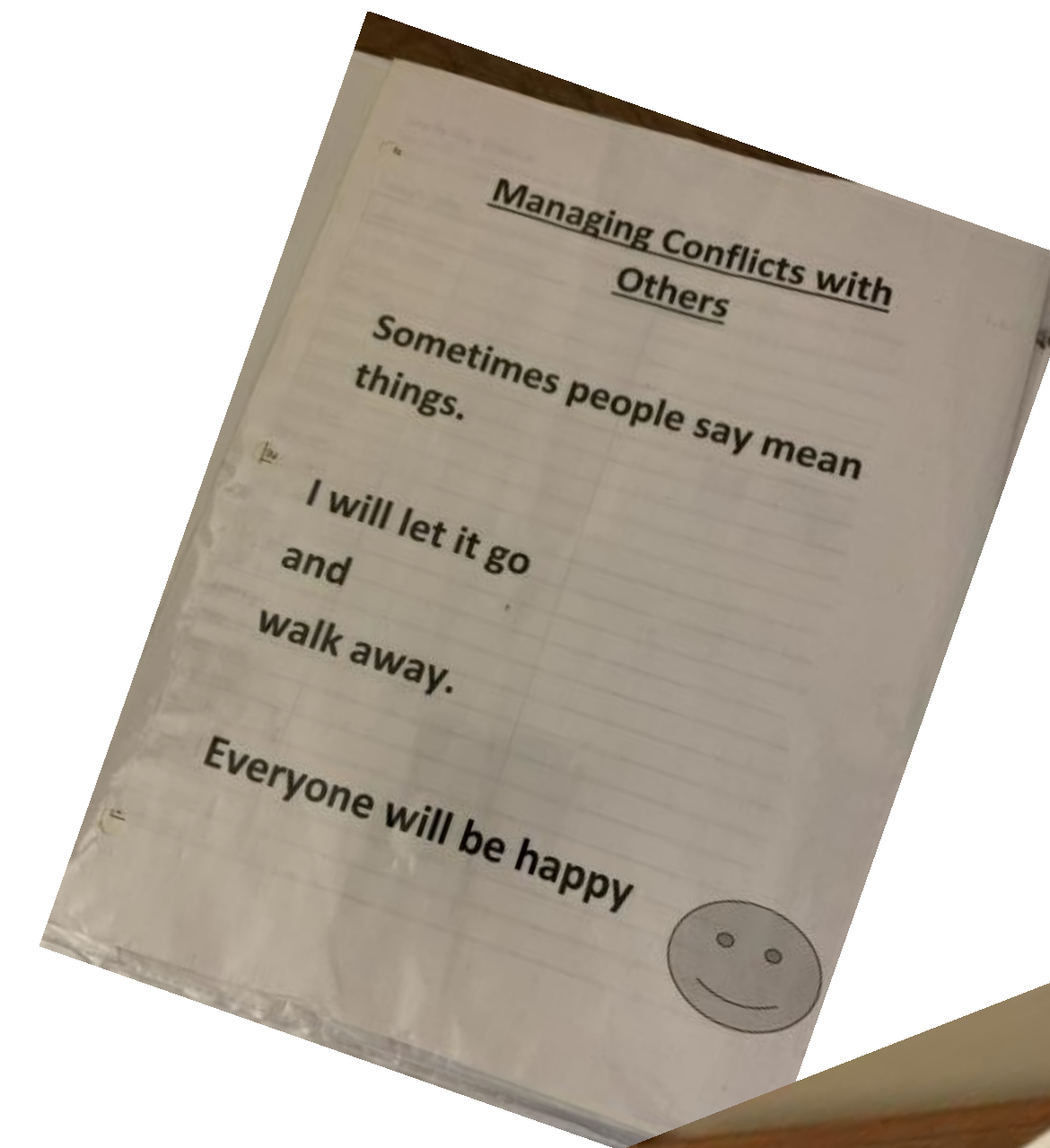
- ACL 4.4
- Sleep cycle disturbances resulting in mood lability

Methods – Multidisciplinary Approach

Nursing: providing medication management and care partner oversight
Social Services: behavior management committee review of episodes of agitation, triggers, monitoring of side effects of medications, and sleep patterns
Therapy: OT providing cognitive, psychosocial and self-regulation caregiver/care partner training and support through ongoing skilled maintenance services, analysis of daily routines, activities & interests for sensory regulation strategies

Recommendations

- Weekly facilitated activity groups with expected social behavior
- Cognitive support for anticipation of daily routine and all needs (rest, meals, toileting, hygiene)
- Problem solving with scripted verbal prompts provided by staff
- Scripted social pragmatics
- Occupational profile with Life Story Board and adapted communication prompts



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