

Today, we're going to present a typical, yet fictional scenario; following the depiction of this setting, you'll hear from a panel of residents, advocates, clinicians and policy-makers about how we can work together to optimize care for residents like this.



Margaret Jackson is an 84 year old long term care resident who has lived at Stone Valley Manor Nursing Home, a fictitious facility, for 2 years. Mrs. Jackson has a diagnosis of dementia, and a history of aggressive behaviors, including striking other residents and staff, causing physical harm, and refusing care. Stone Valley Manor does not have a dedicated dementia unit; therefore, residents with dementia live on units with residents who do not have dementia as well.

It is 12:30 pm; lunch has just ended. Mrs. Jackson tries to get up and leave the dining room but is very unsteady. It is noisy and the food carts are near her table. She tries to move one of them, and another resident starts yelling, which upsets Mrs. Jackson. As Mrs. Jackson raises her hand to strike the woman, Gloria, a CNA (certified nursing assistant) approaches her in a calm manner, speaking quietly and mentioning her daughter's name...Gloria reminds Mrs. Jackson that they were going to take a walk outside after lunch – it's time to get their coats. Mrs. Jackson turns to say a few last words and shake her fist at her tablemate, but Gloria (who knows the resident well because of the facility's use of consistent assignment) continues to speak calmly and redirect her, knowing that Mrs. Jackson loves being outside and usually responds to the offer of a walk. This non-pharmacologic intervention is in her care plan as an intervention to try when she demonstrates these behaviors. The situation de-escalates and Mrs. Jackson returns to a calm state.

Later that evening, at about 10:00 pm, Mrs. Jackson is up wandering the halls, now even more unsteady. With her poor vision and the low lighting, she misperceives shadows and other objects in the environment. She is anxious and fearful, going in and out of other residents' rooms.



Laurie, a nurse on her med pass for 30 residents, hears screaming coming from one of the rooms.

Upon entering, Laurie observes Mrs. Jackson turning over the bedside stand and throwing the water pitcher (narrowly missing her roommate), saying "these things are no good – we have to get rid of them!" The other resident in the room appears very frightened. Laurie asks a CNA to come and stay with Mrs. Jackson while she calls the physician.

Laurie tells the physician that the resident has been exhibiting behavioral symptoms all day, and that the situation appears to be getting worse. The physician asks if the nurse has tried any non-pharmacologic interventions, whether anything in particular has worked in the past with this resident. Laurie says that they have fewer staff on evenings, and she is worried that she doesn't have enough people to monitor the resident, who has a history of striking

other residents and staff. The physician suggests that the CNA try walking with the resident for a while, since that seemed to work before. The physician also says that if that doesn't work, the nurse should call back and the physician would consider other alternatives (such as a medication).

After 10 minutes, the resident is still yelling and the staff has not been able to calm her down with the usual techniques (her favorite snack, mentioning her daughter's name, walking). The physician says that she is going to prescribe an antipsychotic at a low dose for just 72 hours (through the weekend) until the resident's primary care team can re-evaluate her and determine whether or not the medication should be continued. The nurse agrees with the plan. The physician and nurse discuss how the staff will monitor the medication for potential side effects and also to determine whether or not it is working to reduce the resident's symptoms. The physician tells the nurse that she will contact the resident's family to review the decision and ensure that they agree with the plan of care.

At the care planning conference the following week, Mrs. Jackson's daughter and the team review the recent incident that led to the use of the antipsychotic medication. The daughter points out that she had been away the previous week, and that her mother often has an escalation of behaviors when the family misses their daily visits with her. After reviewing other potential factors, the team determines that the antipsychotic medication should not be resumed on a long term basis, but develops a plan to continue to monitor Mrs. Jackson's behaviors.

