Faculty Guide to Behavioral Management: Judy Jones

This faculty guide provides highlights of specific behavioral management issues in each of the scenarios from the simulation. The guide is not meant to be inclusive of all of the issues that may arise, but may be helpful in processing the overriding themes.

Simulation 1 Scenario

- Judy is having visual hallucinations which are a marked change from her baseline. She is not psychotic at baseline. An acute change is generally indicative of a delirious process. Patients do not get demented acutely, nor do they usually have psychotic symptoms so acutely without a history.
- CAM (Confusion Assessment Model) is the algorithm to start to differentiate dementia and delirium. The CAM indicates that Judy has delirium (although she also likely has underlying dementia). Delirium is marked by an acute onset and a fluctuation of symptoms. Students should start thinking about the possible etiology of the delirium.
- Common etiologies for delirium in older adults are: urinary tract infections, respiratory infections, dehydration, electrolyte imbalances, and medications.
- Review Judy's medications. She is on Aricept which would indicate that she does have an underlying diagnosis of dementia. Students need to try and figure out how far she is currently from her baseline level of cognitive functioning. The Mini Cog is a good first step in doing this. It needs to be stressed that the Mini Cog is not diagnostic; it is just a piece of the puzzle that gives information on the current cognition of the patient.

Simulation 2 Scenario

- As Judy becomes more confused with an increase in behavioral symptoms, students need to figure out how to manage this. They need to be detectives in trying to understand the behavior. Does Judy have unmet needs she is trying to work out? Is Judy in pain? Is Judy restless?
- *The How To Try This Series* video *Avoiding Restraints in the Hospitalized patient with Dementia* https://youtu.be/wiJUkLflSQU is a helpful resource they can view prior to the simulation to better understand behavioral interventions.
- Common interventions: Putting the bed in the low position to minimize falling; camouflaging the IV site; putting velcro screens across the doors of rooms she should not wander into; putting a STOP sign at the entrance of places she should not wander into, allowing her to wander safely.
- Avoid shouting "NO."
- Ativan can worsen symptoms and cause a paradoxical reaction and is on the Beers Criteria.

Simulation 3 Scenario

- The etiology of the delirium was the upper respiratory infection. She is better medically but the behavioral symptoms are continuing. It can take an older adult weeks, sometimes months, to clear a delirium. Students should be assessing that the patient is trending in the right direction. Though it is not expected that she immediately go back to baseline, behavioral symptoms should not be worsening; they should be slowly improving.
- A-Fib will decrease O^2 saturation and can also contribute to cognitive issues as the level of oxygen decreases. Changes in pulse O^2 may correlate with changes in cognition.
- The Caregiver Strain Index is a good evaluation of the caregiver. Even if students can't use the entire tool with all of the patients they see, they should be able to come away from this exercise with some ideas on how to question and support caregivers. Allowing students to educate the daughter on dementia and delirium will help them to process the dual presentation of these issues.