

**EDGE ENVIRONMENTAL CONSIDERATIONS CHECKLIST FOR COPING WITH PHYSICALLY AGGRESSIVE BEHAVIOR (PAB & OTHER DISRUPTIVE BEHAVIOR)**

**EDGE CAREGIVER GOALS TO DIRECT CARE:**

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| <ul style="list-style-type: none"> <li>• To help the resident feel safe.</li> <li>• To help the resident experience optimal stimulation.</li> <li>• To help the resident feel physically comfortable.</li> </ul> | <ul style="list-style-type: none"> <li>• To help the resident experience pleasure.</li> <li>• To help the resident experience a sense of control.</li> <li>• To help the resident feel valued as a person.</li> </ul> |
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**PHYSICAL ENVIRONMENT:**

**How can we help the resident to feel physically comfortable?**

Check the resident's preferences for each:	During personal care:	When resident reacts with agitation:
1. Room temperature:		
a. cool		
b. warm		
c. very warm		
2. Noise level:		
a. very low level		
b. low		
c. moderate		
3. Light:		
a. dim		
b. moderate		
c. bright		
4. Adaptations needed to compensate for sensory disabilities:		
a. resident not facing glare		
b. low background noise level for hearing impaired		
c. furniture placed for easy access for wheelchair		
d. verbal and touch cues for vision impaired (e.g. familiar symbol on room door, announcing name when entering resident's space: "Mary, it's Anna, I've come to ....", letting resident take your arm and hand as you walk next to resident so (s)he can set the pace and feel secure instead of pulling the resident by the hand, cueing the resident about landmarks and changes of direction as you walk, walking with one resident at a time when vision impaired)		
(List:)		
e. other:		
5. Are there familiar objects and furniture where the resident spends most of his/her time, e.g. pictures, favorite chair?	<b>Yes</b>	<b>No</b>

6. Is there anything in the physical environment that causes agitation in the resident?	Yes		No			
Explain:						
7. Are visual cues in place to help the resident feel less frustrated? (e.g. a recognizable picture or symbol on the residents door, a picture of food in the dining room )	Yes		No			
(List:)						
<b>SOCIAL ENVIRONMENT:</b>						
<b>How can we help the resident feel valued as a person?</b>						
<b>Check the letter of the resident's preference under each:</b>	<b>During personal care:</b>			<b>When resident reacts with agitation:</b>		
1. Number of people tolerated at a time: a. 1 b. 2 c. 3	a	b	c	a	b	c
2. Amount of personal space needed: a. very little b. arms length c. more than arms length	a	b	c	a	b	c
<b>Check the appropriate response:</b>						
3. Does the resident react negatively to being touched?	Yes		No			
a. What kind of touch:						
b. Where?						
4. Does the resident react positively to certain kinds of touch?	Yes		No			
a. What kind:						
b. Where?						
5. Does the resident react negatively to being alone?	Yes		No			
a. What time of day does the resident react with agitation when alone?						
b. What activity could be planned for this time?						
6. Do new caregivers introduce themselves to the resident and use the amount of personal space comfortable for the resident?	Yes		No			
a. Do caregivers inform the resident about what they are going to do with him/her before doing it ?						
b. Do they talk to the resident in a warm non-threatening manner and give the resident time to warm up to them before performing personal care tasks?						
c) If the resident reacts with agitation to unfamiliar caregivers, is the new caregiver paired with a trusted caregiver accepted by the resident, until the resident is comfortable?						
7. Do caregivers give memory and re-orienting cues to the resident to prevent confusion and frustration (e.g. "We are going to the Tea Party in the dining room at the end of this hall now. We'll drink tea and have a good time at the party" or "Jenny, the new nurse is coming to give you your pills").	Yes		No			
8. Are resident's preferences for activities determined, and the circumstances	Yes		No			

under which the resident likes to do them, put on the care plan and taught to all caregiving staff?				
9. Are there social situations that trigger agitation in the resident?	Yes		No	
a. Explain:				
10. Does the resident react with agitation to certain persons or types of persons?	Yes		No	
a. Explain:				
11. Do some staff reactions to resident's agitated behavior increase agitation?	Yes		No	
a. Explain:				
12. Do other staff reactions to resident's behavior decrease agitation?	Yes		No	
a. Explain:				

<b>PSYCHOLOGICAL ENVIRONMENT:</b>				
<b>How can we help the resident to feel safe?</b>				
<b>Check the appropriate response:</b>				
1. Do some personal care situations trigger agitation in the resident?	Yes		No	
a. Explain:				
2. Do the resident's sensory deficits contribute to misunderstanding and fear of some caregiving tasks?	Yes		No	
a. Explain:				
3. Have there been changes in the resident's normal routine or environment?	Yes		No	
a. Explain:				
4. Do changes in routine or environment trigger agitation?	Yes		No	
a. How:				
5. Does the resident's agitated behavior cause problems for the resident?	Yes		No	
a. How:				
6. Does the care plan include intervention strategies which were found successful to de-escalate agitated behavior?	Yes		No	
a. Were they taught to all caregivers on every shift?	Yes		No	
b. If no, staff meeting to discuss interventions to prevent agitation will be held on:	/ /			

7. Does the care plan include a list of the changes in the residents behavior that signal the onset of agitation, and interventions found successful to prevent escalation to agitation when these signs are recognized?	Yes		No	
a. Were they taught to all caregiving staff on every shift?	Yes		No	
b. If no, staff meeting to discuss above with caregiving staff will be scheduled on:	/ /			
8. Are all caregivers aware of the resident's functional capabilities?	Yes		No	
a. Have the physical therapist and occupational therapist reassessed the resident's functional capacity to look for limitations that could cause pain or frustration that triggers agitation?	Yes		No	
b. Can an inservice or meeting be set up to share the results of the therapist's assessment and suggestions for care with primary care staff?	Yes		No	
10. Does the caregiver allow the resident to do as much for him/herself as possible and provide verbal cues and physical cues only as needed?	Yes		No	
11. Do caregivers refrain from using a confrontational approach during caregiving tasks to prevent agitation in the resident?	Yes		No	
12. Do caregivers allow the resident to make as many of his/her own choices and control as much of the decision-making affecting his/her life as possible?	Yes		No	
13. Are caregivers respectful of the resident's possessions and, likes and dislikes even if they seem trivial to the caregiver?	Yes		No	
14. Does the care plan include familiar language cues found to be successful during caregiving tasks which upset the resident?	Yes		No	
a. Have they been taught to all caregiving staff? (e.g. "Let me help you change your clothes for dinner." instead of : "You are wet, I have to change your pants" or "diapers")?	Yes		No	
15. Are caregivers careful to protect the resident's privacy by keeping him/her at least partially covered during undressing, bathing and toileting, to prevent the resident from reacting to any embarrassment with disruptive behavior?	Yes		No	
16. When the resident displays agitated behavior, do caregivers validate the resident's feelings by listening to what (s)he has to say, and asking how they may help (e.g. You seem upset. How can I help?)	Yes		No	
17. Have staff found the possible reason (trigger) the resident reacts with agitated behavior, under some circumstances, and actions that have been found to calm him/her?	Yes		No	

a. Explain below:

Behavior /Possible Reason or Trigger	Staff Action to calm resident
1.	
2.	
3.	

<b>CULTURAL ENVIRONMENT:</b>			
<b>How can we help the resident to experience optimal stimulation?</b>			
<b>Check the appropriate response:</b>			
1. Do caregivers know and follow the resident's preferred rituals for the daily routine?	<b>Yes</b>		<b>No</b>
2. Does the care plan include all approaches found by staff on all shifts to decrease disruptive behavior when carrying out the tasks that are most upsetting to the resident, in order to provide staff with a variety of interventions to choose from according to the circumstances?	<b>Yes</b>		<b>No</b>
a. Are these taught to all caregiving staff on every shift?	<b>Yes</b>		<b>No</b>