

Strategies for patient management (continued)

3. Reorientation to reality strategies

- Do not attempt reality orientation with an agitated patient who has acute confusion or dementia. Instead, validate the feelings underlying the confusion and gradually change the topic.
- Identify yourself on each contact.
- Talk as you work with the patient regarding surroundings, time of day, season, etc. Information should be provided for reassurance for the patient.
- Speak in a low-key, friendly voice.
- Provide commonplace links to reality (e.g. clock radio, calendar, watch).
- Remind patient about the call bell.
- Provide patient's familiar belongings (e.g. photos, afghan, etc.).
- Encourage patient to participate in care.
- Gently correct mistakes.
- Raise the head of bed to increase visual field (glasses on).

Our mission at **Rouge Valley Health System** is to provide the best health care experience for our patients and their families.

Our vision is to be
the best at what we do.

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Organizing care for patients who are restless, agitated, confused or disorientated

A guide for family members



The best at what we do.

This brochure outlines some of the approaches that caregivers/families at **Rouge Valley Health System** (RVHS) will use in organizing the care of patients who are restless, agitated, confused or disorientated.

An admission to hospital is a change in a person's environment and routine, and can create a change in behaviour. These behaviours may appear as periods of restlessness, agitation, confusion, and disorientation. Sometimes these behaviours are related to the move from their familiar environment to the hospital. In addition, these changes may also be due to a problem with their medications or blood-work.

The problem may have a fairly simple solution and the confusion may disappear. However, there may not be a specific solution and the behaviour may continue for a longer period of time.

Companion

Rouge Valley acknowledges that there may be times when a family member of an admitted patient is not able to remain with the patient for the entire time that is required to provide the appropriate companionship for the patient.

RVHS can provide a list of private agencies that the family can contact to organize a companion to stay with the patient and provide an opportunity for companionship relief for the family.

Please note that families will assume the cost for this service. The list of agencies is available at the nursing station

The important role of family members

RVHS values the family as an integral partner in planning for the physical and emotional safety of the patient while they are in the hospital environment. The family usually has a positive influence on the patient's behaviour. We have observed that the patient is usually more content and relaxed when there is a family member staying with them.

Guidelines for a family member when staying with a restless or confused patient

- The family member and nurse will discuss and develop a plan for the strategies that will be used to manage the agitation, restlessness, and or confusion.
- The family member will respect the privacy of the other roommates (night-time lights and quiet rest periods).
- The family member may be directed to leave the room when nurses need to give care to the other roommates.
- The family member will be instructed and directed to follow all RVHS infection control guidelines.

Strategies for patient management

1. Environmental management strategies

- Move the patient to a less stimulating environment (e.g. a single room).
- Keep the bed in the low position. Bedrails can be down for the person who tries to crawl over or between the rails. Bedrails do not prevent injuries.
- Place the commode at the bedside for easy toileting access.
- Move to a room closer to the nursing station for more frequent observation.

2. Care management strategies

- Encourage family members involvement in the care of the patient.
- Family may arrange a companion for the patient.
- Regular communication between nurse, patient and family.
- Use sensory aids as appropriate (e.g. eye glasses, hearing aids, etc).
- Minimize abrupt relocations.
- Use calming strategies (e.g. warm bath, massage relaxation techniques, music).
- Provide supportive nursing care to meet basic needs (e.g. feeding, hydration, pain management).
- Assist with regular toileting.
- Assist with pain management.
- Use patient observer where appropriate.