Antipsychotic Alternatives

The following information suggests ideas for reducing antipsychotic drug use. A carefully monitored use of the alternatives with frequent reassessment is suggested. Always start by assessing the resident for pain.*

**General Principles**

- Start with a pain assessment.
- Provide for a sense of security.
- Apply the 5 Magic Tools (Knowing what the resident likes to
  See, Smell, Touch, Taste, Hear).
- Get to know the resident, including their history and family life,
  and what they previously enjoyed. Learn the resident's life story.
  Help the resident create a memory box.
- Play to the resident's strengths.
- Encourage independence.
- Use pets, children, and volunteers.
- Involve the family by giving them a task to support the resident.
- Use a validated pain assessment tool to assure non-verbal pain
  is addressed.*
- Provide consistent caregivers.
- Screen for depression & possible interventions.
- Reduce noise (paging, alarms, TVs, etc.).
- Be calm and self-assured.
- Attempt to identify triggering events that stimulate behaviors.
- Employ distraction methods based upon their work and career.
- Offer choices.

**What to try when the resident resists care**

**Therapeutic Intervention**

- Evaluate recent medication changes, especially if the behavior
  is new.
- Determine if the resident is in pain, and if so, why?
  Treat the pain.*
- Evaluate whether the care can be performed at a different time.
- Determine if the resident is trying to communicate a specific need.
- Evaluate the resident's sleep patterns.
- Place the resident in bed when he or she is fatigued.
- Evaluate if there has been a change in the resident's routine.
- Is the resident hungry? Offer the resident a snack prior to
  providing care.
- Provide a periodic exercise program throughout the day
  (e.g., a walk to dine program).
- Encourage wheelchair/chair pushups, or assist the resident to
  stand periodically.
- Provide activities to assess and provide entertainment.
- Encourage repositioning frequently.
- Provide a positive distraction, or something the resident enjoys.

**Environmental & Equipment Intervention**

- Use an overstuffed chair, reclining wheelchair, non-wheeled chairs, or wingback chair.
- Evaluate alternative seating to relieve routine seating pressure/pain.
- Place a call bell in reach of the resident.
- Provide an over-bed table to allow for diversional activities.
- Place a water pitcher in reach of the resident.
- Allow access to personal items that remind the resident of their family, especially photos.
- Use assistive devices (wedge cushion, solid seat for wheelchair, side or trunk bolsters, pommel cushion, Dycem, etc.).
- Evaluate the resident for an appropriate size chair and proper fit.
- Place the resident's favorite items in their room to provide them comfort.
- Encourage routine family visits with pets.
- Provide consistent caregivers.
- Evaluate if the resident's environment can be modified to better meet their needs (i.e., determine if the resident's environment can be more personalized).

* A pain assessment should include non-verbal signs of pain. If you do not have a pain assessment that includes non-verbal identifiers, go to: [http://www.dads.state.tx.us/qualitymatters/qcp/pain/painad.pdf](http://www.dads.state.tx.us/qualitymatters/qcp/pain/painad.pdf)
What to consider when resident is disruptive in group functions

**Therapeutic Intervention**
- Evaluate new medications, antibiotics especially, and assess pain.
- Remove resident from group, and evaluate for group stress.
- Determine if resident requires toileting.
- Determine if resident is hungry, and if so, provide them with a small snack. If the resident is thirsty, provide the resident a beverage.
- If this is a new behavior in a group, evaluate what is different this time.
- Assure resident has had a rest period prior to group activity.
- Assure there are no medical complications (low/high blood sugar).
- Assure resident is not in pain.*
- Return resident to group function, if possible.

**Environmental & Equipment Intervention**
- Determine whether clothing is appropriate for a particular function.
- Evaluate if the resident has well-fitting shoes, and ensure they do not rub the resident’s feet.
- Evaluate that ambulation devices (wheelchair, walker) are in good working condition.
- Ensure there is adequate lighting, especially at night.
- Ensure room/function is not overly crowded.
- Ensure room is not too warm or cold.
- Consider providing snacks and refreshments for all group functions.
- Ensure sound in group functions is loud enough so the resident can hear.
- Provide consistent caregivers.
- Evaluate if this program fits into the resident’s area of interest.

What to consider with a sudden mood change, such as depression

**Therapeutic Intervention**
- Evaluate any new medications and assess pain.*
- Re-evaluate physical needs such as toileting, comfort, pain, thirst, and timing of needs.
- Rule out medical problem (high/low blood sugar changes).
- Engage resident in conversation about their favorite activity, positive experiences, pets, etc.
- Touch, if appropriate, while recognizing personal body space.
- Evaluate for orthostatic hypotension and change positions slowly.
- Assess sleep patterns.
- Anticipate customary schedules and accommodate personal preferences.
- Evaluate balance for sub-clinical disturbances such as inner ear infections.
- Validate feelings, and mobilize the resident. For instance, if the resident states, “I want to get up,” reply, “You want to get up?” to confirm you heard them correctly. If so, act on the resident’s request.
- Evaluate hearing and vision.
- Discern if talk therapy is possible.

**Environmental & Equipment Intervention**
- Assess for changes in the resident’s environment.
- Assess for changes in the resident’s equipment.
- Involve family members to assure that there have been no changes within the family, without the facility’s knowledge.
- Provide routines for consistency.
- Provide consistent caregivers.
- Provide nightlights for security.
- Employ the use of a memory box.
- Employ functional maintenance/24-hour plan.
- Encourage the resident, if able, to verbalize his or her feelings.
- Eliminate noise and disruption.
- Employ the use of a sensory room or tranquility room.

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Verbally Abusive/Physically Abusive

**Therapeutic Intervention**

- Begin with medical evaluation to rule out physical or medication problems.
- Evaluate the resident for acute medical conditions such as urinary tract infections, upper respiratory infections, ear infections or other infections.
- Evaluate the resident for pain, comfort and/or other physical needs such as hunger, thirst, position changes, bowel, and bladder urges.
- Attempt to identify triggering events or issues that stimulate the behavior.
- Consider using a behavior tracking form to assist in identification of triggers and trending patterns.
- Consult with the resident’s family regarding past coping mechanisms that proved effective during times of increased stress levels.
- Provide companionship.
- Validate feelings such as saying, “You sound like you are angry.”
- Set limits.
- Develop trust by assigning consistent caregivers whenever possible.
- Avoid confrontation. Decrease your voice level.
- Provide a sense of safety by approaching in a calm/quiet demeanor.
- Provide rest periods.
- Provide social services referral if needed.
- Provide a psychologist/psychiatrist referral if needed.
- Provide touch therapy and/or massage therapy on the hands or back.
- Reduce external stimuli (overhead paging, TV, radio noise, etc.).
- Evaluate staffing patterns and trends.
- Evaluate sleep/wake patterns.
- Maintain a regular schedule.
- Limit caffeine.
- Avoid sensory overload.
- Employ active listening skills, and address potential issues identified.
- Redirect.

**Environmental & Equipment Intervention**

- Use relaxation techniques (i.e., tapes, videos, music etc.).
- Help the resident create theme/memory/reminiscence boxes/books.
- Help the resident create a magnification box to create awareness of the resident’s voice level and provide feedback.
- Use a lava lamp, soothe sounders, and active mobile.
- Move to a quiet area, possibly a more familiar area, if needed.
- Decrease external stimuli.
- Use fish tanks.
- Encourage family visits and visits from favorite pets.
- Identify if another resident is a trigger for this behavior.
- Play tapes and videos of family and/or familiar relatives or friends.
### Therapeutic Intervention

- Find ways to meet a resident's needs to be needed, loved, and busy while being sensitive to their personal space.
- Provide diverse activities that correspond with past lifestyles/preferences.
- Consider how medications, diagnoses, Activities of Daily Living schedule, weather, or other residents affect wandering.
- Evaluate the need for a Day Treatment Program for targeted residents.
- Help resident create theme/memory/reminiscence boxes/books.
- Provide companionship.
- Perform a physical work-up.
- Pre-meal activities.
- Singing, rhythmic movements, dancing, etc.
- Identify customary routines, and allow for preferences.
- Provide structured, high-energy activities and subsequent relaxation activities.
- Take the resident for a walk.
- Provide distraction and redirection.
- Provide written/verbal reassurance about where he/she is and why.
- Alleviate fears.
- Ask permission before you touch, hug, etc.
- Assess/evaluate if there is a pattern in the pacing or wandering.
- Assess for resident's personal agenda, and validate behaviors.
- Ask family to record reassuring messages on tape.
- Evaluate for a restorative program.
- Provide opportunities for exercise particularly when waiting.
- Help the resident create a photo collage or album of memorable events.

### Environmental & Equipment Intervention

- Remove objects that remind the patient/resident of leaving the nursing home (hats, coats, etc.).
- Individualize the environment. Make the environment like the resident's home. Place objects within the environment that are familiar to the resident.
- Place a large numerical clock at the resident's bedside to provide orientation to time of day as it relates to customary routines.
- Ensure the courtyard is safe for the resident.
- Decrease noise level (especially overhead paging).
- Evaluate floor patterns.
- Evaluate camouflaging of odors.
- Evaluate visual cues to identify safe areas.
- Play a favorite movie or video.
- Put unbreakable or plastic mirrors at exits.
- Place Stop and Go signs.
- Evaluate the WanderGuard system.
- Use relaxation tapes.
- Evaluate and use, as necessary, visual barriers and murals.
- Evaluate wandering paths.
- Evaluate room identifiers.
- Evaluate rest areas in halls.