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Dementia/Physical Aggression

Ron Jackson, 87 years old

Primary Concept		
COGNITION		
Interrelated Concepts (In order of emphasis)		
• Psychosis • Mood and Affect • Coping • Clinical Judgment		
NCLEX Client Need Categories	**Percentage of Items from Each Category/Subcategory**	**Covered in Case Study**
Safe and Effective Care Environment		
• Management of Care	17-23%	✓
• Safety and Infection Control	9-15%	
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓

Physiological Integrity		
• Basic Care and Comfort	6-12%	✓
• Pharmacological and Parenteral Therapies	12-18%	✓
• Reduction of Risk Potential	9-15%	✓
• Physiological Adaptation	11-17%	✓

Part I: Recognizing RELEVANT Clinical Data

History of Present Problem:

Ron Jackson is an 87-year-old Caucasian male with a medical history of hypertension and Alzheimer's disease who was brought to the emergency department (ED) by paramedics for evaluation of hallucinations, increased agitation, and aggressive behavior toward Shirley, his elderly wife. His daughter was visiting and witnessed Ron becoming angry for no apparent reason, telling Shirley she had to leave the house. He then pushed her, causing her to fall to the ground.

Ron has become progressively more agitated the past year and was started on quetiapine. Shirley confirms that Ron has been more verbally abusive the past week, believing that she divorced him and that she needs to get out of the house, but no physical aggression took place until today. Ron currently complains of a headache and insists that he got this because "the Koreans beat me up real good in the ambulance!"

Personal/Social History:

Ron lives at home with Shirley, his wife of 62 years and has three children. Ron is a Korean War veteran who saw active duty and is a retired salesman. Because his wife has been struggling to care for him, his family is in the process of making arrangements for him to reside at a local memory care unit.

What data from the histories are RELEVANT and must be interpreted as clinically significant by the nurse? *(Reduction of Risk Potential)*

RELEVANT Data from Present Problem:	**Clinical Significance:**
- Hallucinations, agitation, aggression - Verbally abusive in past week - Headache - Became more angry when started on quetiapine	- Signs of an acute exacerbation of Alzheimer's - Can be an adverse effect of medications - Safety is primary concern
RELEVANT Data from Social History:	**Clinical Significance:**
- Veteran (active duty) - Arrangements for local memory unit	- PTSD

1. Identify the relationship between the PMH and home medications. Which medication treats which condition?

Draw a line to connect the PMH to the correct medication.

Past Medical History (PMH):	Home Meds:
Hyperlipidemia Hypertension Alzheimer's disease Agitation/Delusions	Donepezil 10 mg PO at HS Aspirin 325 mg PO daily Memantine 10 mg PO BID Simvastatin 20 mg PO HS Triamterene-HCTZ 75-50 mg PO daily Quetiapine 50 mg PO BID

2. Is there a relationship between any problem in his past medical history and the present problem? If so, describe.

Alzheimer's with dementia, agitation, and delusion correlate with the current situation of the presenting manifestations.

Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 98.0 F/36.7 C (oral)	**P**rovoking/Palliative:	"Those Koreans banged my head in the ambulance."
P: 78 **(**regular)	**Q**uality:	"That's a stupid question!"
R: 18 (regular)	**R**egion/Radiation:	"My head hurts all over!"
BP: 148/90	**S**everity:	"It just hurts!"
O2 sat: 98% room air	**T**iming:	"All the time."

What VS data are RELEVANT and must be interpreted as clinically significant by the nurse? *(Reduction of Risk Potential/Health Promotion and Maintenance)*

RELEVANT VS Data:	Clinical Significance:
- Blood pressure is elevated - Pain	- Has a history of HTN (may not have taken meds) - Hit his head en route

Current Assessment:	
GENERAL APPEARANCE:	Thin elderly male, appears stated age, sitting upright on stretcher, appears tense

RESP:	Breath sounds clear with equal aeration bilaterally ant/post, non-labored respiratory effort
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal to palpation at radial/pedal/post-tibial landmarks, brisk capillary refill
NEURO:	Oriented to person only, denies hallucinations
GI:	Abdomen flat, soft/non-tender, bowel sounds audible per auscultation in all four quadrants
GU:	Voiding without difficulty, urine clear/yellow
SKIN:	Skin integrity intact, skin turgor elastic, no tenting present

Mental Status Examination (MSE):	
APPEARANCE:	Disheveled appearance; cooperative at times, other times irritable
MOTOR BEHAVIOR:	Variable; at times pacing and agitated; at other times sits quietly
SPEECH:	Able to understand what the patient is saying
MOOD:	Variable; quiet and calm with sudden episodes of anger, anxiety, and irritability
AFFECT:	Variable: looks calm, then may suddenly appear angry
THOUGHT PROCESS:	Able to understand what the patient is saying
THOUGHT CONTENT:	Paranoid and persecutory delusions/ideation; “Koreans” are harming him; delusions “believes wife divorced him”
PERCEPTION:	Denies hallucinations
INSIGHT:	Grossly impaired; attributes H/A to an attack by “Koreans”; not aware of illness or reason for ER visit
JUDGMENT:	Grossly impaired
COGNITION:	Oriented to person only. Significant short- and long-term memory deficits
SUICIDAL/HOMICIDAL:	High risk for physical aggression toward others; recently assaultive toward wife; unable to assess suicide ideation at this time

What assessment data are RELEVANT and must be interpreted as clinically significant by the nurse? *(Reduction of Risk Potential/Health Promotion & Maintenance)*

RELEVANT Assessment Data:	**Clinical Significance:**
- A&O X 1 - to person - Appears tense	- He is delusional - Anxious and in pain
RELEVANT Mental Status Exam Data:	**Clinical Significance:**
- Disheveled appearance - Pacing and agitated - Episodes of anger, anxiety, and irritability - Paranoid and persecutory delusions/ideation - Grossly impaired insight and judgement - Significant short- and long-term memory deficits - High risk for physical aggression toward others - Unable to assess suicidal ideation at this time	- Signs and symptoms of an chronic mental illness exacerbation

Lab Results:

Complete Blood Count (CBC)					
	WBC	HGB	PLTs	% Neuts	Bands
Current:	5.8	14.5	154	69	0
Last Adm:	6.5	14.2	188	75	0

What lab results are RELEVANT and must be recognized as clinically significant by the nurse? *(Reduction of Risk Potential/Physiologic Adaptation)*

RELEVANT Lab(s):	**Clinical Significance:**	**TREND: Improve/Worsening/Stable:**
- No abnormal lab values	- All seem to be good	- Many of the values seem to be lower from last admin but not abnormally so

Basic Metabolic Panel (BMP)					
	Na	K	Gluc.	Creat.	
Current:	142	3.3	114	1.3	
Last Adm:	144	3.5	121	1.2	

What lab results are RELEVANT and must be recognized as clinically significant by the nurse? *(Reduction of Risk Potential/Physiologic Adaptation)*

RELEVANT Lab(s):	**Clinical Significance:**	**TREND: Improve/Worsening/Stable:**
- Creatinine is elevated - Glucose is elevated - Potassium is low	- Potassium too low	- All labs are stable within normal levels

Urinalysis + UA Micro										
	Color:	Clarity:	Sp. Gr.	Protein	Nitrite	LET	RBCs	WBCs	Bacteria	Epithelial
Current:	Yellow	Clear	1.020	Neg	Neg	Neg	Neg	Neg	Neg	None
Last Adm:	Yellow	Clear	1.020	Neg	Neg	Neg	Neg	Neg	Neg	None

What lab results are RELEVANT and must be recognized as clinically significant by the nurse? *(Reduction of Risk Potential/Physiologic Adaptation)*

RELEVANT Lab(s):	**Clinical Significance:**	**TREND: Improve/Worsening/Stable:**
- Negative UA	- Patient does not have a UTI	- Stable

Part II: Put it All Together to THINK Like a Nurse! *1.*

Interpreting relevant clinical data, what is the primary problem? What primary health-related concepts does this primary problem represent? *(Management of Care/Physiologic Adaptation)*

Problem:	Pathophysiology of Problem in OWN Words:	Primary Concept:
Alzheimer's disease (dementia)	It is a major neurocognitive disorder. It is neurodegenerative. It is long and incurable. Affects the client's ability to think and remember.	Progessive

Collaborative Care: Medical Management

2. State the rationale and expected outcomes for the medical plan of care. *(Pharm. and Parenteral Therapies)*

Medical Management:	Rationale:	Expected Outcome:
- Lorazepam 0.5 mg. po PRN every 4 hours x 24 hours - Acetaminophen 2 tabs (325 mg) every 4 hours PRN pain. Not to exceed 4000 mg in 24 hours	-to treat insomnia caused by anxiety -to treat pain	-Reduction in anxiety symptoms, calmed and relaxing effect -reduces the sensation of pain by elevating one's pain threshold.

Collaborative Care: Nursing

3. What nursing priority (ies) will guide your plan of care? *(Management of Care)*

Nursing PRIORITY:	Safety	
PRIORITY Nursing Interventions:	**Rationale:**	**Expected Outcome:**
- Make environment safe by removing possible weapons - May need to set up a 1-on-1 - Pain monitoring	- Need to be sure that the client will not harm themself or anyone around them. - Need to address the pain and get it lowered	- No harm done - Pain reduction

4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?

(Psychosocial Integrity/Basic Care and Comfort)

Psychosocial PRIORITIES:	Ease of integration into the memory unit and reduction of symptoms	
PRIORITY Nursing Interventions:	**Rationale:**	**Expected Outcome:**
CARE/COMFORT: ***Caring/compassion as a nurse*** ***Physical comfort measures***	- Therapeutically communicating (offering self, active listening) will ease tension and show concern - Establish a therapeutic relationship - Be present and available	- Patient feels cared for and valued
EMOTIONAL (How to develop a therapeutic relationship): ***Discuss the following principles needed as conditions essential for a therapeutic relationship:*** • *Rapport* • *Trust* • *Respect* • *Genuineness* • *Empathy*	- Ensuring there is respect, trust, genuineness, and empathy will show the patient we care and may enhance the ability to treat him.	- Patient will feel safe, in control, and less stressed

Evaluation: Sixty Minutes Later…

You go into the patient's room to re-evaluate his status. He states to you, "There are people who want to get me!" Ron becomes agitated and looks you in the eye and angrily states, "Who the hell are you and what are you doing in my house!" You tell him that he is at the hospital and in a safe place. He replies, "I am at home and what the hell are you doing here!" He suddenly takes his right arm and attempts to punch you and narrowly misses your face…

1. What data is RELEVANT and must be interpreted as clinically significant by the nurse?

(Reduction of Risk Potential)

RELEVANT Data from Present Problem:	**Clinical Significance:**

- Confusion, aggression, delusions, paranoia	- Safety of self and others - May need another re-evaluation - Increased anxiety - Orient to scenario

2. Has the status improved or not as expected to this point? Does your nursing priority or plan of care need to be modified in any way after this evaluation assessment? *(Management of Care, Physiological Adaptation)*

Evaluation of Current Status:	**Modifications to Current Plan of Care:**
- Status seems to coincide with the previous evaluation	- Medications - Vital signs

3. Based on your current evaluation, what are your CURRENT nursing priorities and plan of care? *(Management of Care)*

CURRENT Nursing PRIORITY:	Safety	
PRIORITY Nursing Interventions:	**Rationale:**	**Expected Outcome:**
- One-to-one watch - Remove potentially harmful objects from the environment	- Ensure safety is maintained	- No harm unleashed

Use Reflection to Develop Clinical Judgment

What did you do well in this case study?	**What knowledge deficits did you identify?**
- We critically thought about the case and put the pieces together in order of what is most important.	- Medication familiarity - Alzheimer's signs and symptoms

What did you learn?	How will you apply learning and caring for future patients?
- Medications used for Alzheimer's - Manifestations of Alzheimer's	- The items we learned will be used to treat patients who present with psychotic behaviors resembling this patient's signs and symptoms.