

MDS Alert

Care Planning: Keep Your 'I Care Plans' From Triggering Behavioral Sx, F329 Tags (Unnecessary Medications)

Tips help ensure you meet cognitively impaired residents' needs.

Beware, "I Care Plan" preparer: Developing a person-centered care plan for a resident with dementia can backfire if you don't keep the assessment and evaluation process in tune with the person's needs.

Developing an I Care Plan in a resident's own words can be simple for the 20 percent of residents who are alert and can communicate what they need, expect -- and want to fix, says **Diana Waugh, RN**, a culture change expert and principal of **Waugh Consulting** in Waterville, OH.

But if the resident has dementia to the point that she can't communicate her goals, you have to be careful to avoid assuming what the person may need.

Example: A very obese resident with moderate-to-severe dementia is having weight-related clinical issues, so the physician decides she should go on a certain-calorie diet. Yet the resident has always been the same weight and was happy with that when she was cognitively intact, says Waugh.

So the resident goes on the diet and starts stealing food, a behavioral symptom that staff chalks up to her dementia. They start supervising her during meals so she can't take other people's food. The resident starts screaming all of the time -- "and ends up on Ativan," says Waugh.

Connect the Dots

"In providing person-centered care for a person who can't tell you what problems he or she wants to address, you have to talk with the family and get a sense of who the person is," advises **Joan Brundick, BSN, RN**, Missouri State RAI coordinator. "If you find out a person has always been overweight and you put her on restricted-calorie diet, you have to think that the diet might be causing behavioral symptoms. In that case, you could ask the physician to increase the person's calories."

An alternative: If the resident's family and care team think weight loss is important to address the resident's clinical issues, you could give her low-calorie snacks in between meals to curb her hunger, suggests **Debra Miller, RD, LD**, director of dietary services for **Heritage Enterprises Inc.** in Bloomington, IL. Direct the person to actually sit down and eat the snacks, which might include easily chewable fresh fruit, crackers, plain cookies or dietetic gelatin, advises Miller. You could also engage the resident in activities involving exercise, such as walking, she suggests.

The bottom line: Think of behavioral symptoms as a form of communication in which you have to ask if a care intervention is causing them, advises **Holly Sox, RN**, MDS coordinator for **NHC Healthcare -Lexington** in SC. Sometimes a simple change in the care plan can make all the difference.

For example, Sox recalls one resident who cried out sometimes to the extent that she ended up on Ativan. But then an astute staff person figured out that taking the resident to the toilet during those times solved the person's distress.