

DOCUMENTATION - The A-B-C-D



# Aggression

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## Documentation: Aggression



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## Documentation: Aggression



### Aggression:

Refers to a range of **behaviors** that can result in both **physical** and **psychological** harm to oneself, others or objects in the environment.

The expression of aggression can occur in a number of ways including:

**verbally, mentally and physically.**

<http://psychology.about.com/od/a/index/g/aggression.htm>

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**Documentation: Aggression** 

Aggression is a **SYMPTOM** and not a disorder.

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**Documentation: Aggression** 

**Contributing factors**

**PAIN**

- Anxiety
- Menses
- Constipation
- Medication change
- Seasonal change
- Acute medical instability
- Environmental instability
- Social demands/changes
- **Recent/past trauma**

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Symptoms which are **almost never** indications of **psychosis**:

1. Volitional self talk and self answering, sometimes using a variety of vocal inflections and tones.
2. Shouts and screeches are almost always vocal tics and not indications of a psychotic process.
3. Symptoms which are modeled by others and are very clearly being copied.
4. Gestures that the person can start and stop at will or when asked to start and stop.
5. Gestures and vocalizations which have been **explicitly taught** to the person.

<http://www.intellectualdisability.info/diagnosis/recognizing-psychosis-in-nonverbal-patients-with-developmental-disabilities>

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# Case-based module: Markus

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### Markus

**Social history:**  
Markus recently moved to a group home. He previously lived with his parents until his mother became ill and was admitted to the hospital 6 months ago. Markus has participated in multiple group activities and enjoys the company of others.

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### Markus

**Medical History:**

- 46 years old
- Down Syndrome
- Seizures
- Obese (BMI 46)
- SOB when walking
- Heartburn
- Hypothyroid

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**Markus**

Medications:

- Ranitidine 150mg OD
- Carbamazepine 400mg BID
- Tylenol PRN
- PRN Seroquel 25-50mg TID

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**Markus**

**Recently**

Markus is refusing to participate in group activities intermittently. He has also started grabbing his roommate when they are watching TV together.

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Next steps:

**BIO-PSYCHO-SOCIAL**

1. Consider past trauma
2. Consider medical comorbidities
3. Consider environment/social

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**Documentation: Aggression** SOLUTIONS

## Physical Impacts of Trauma

- Conversion reaction
- Limbic system
- Response to perceived threat: aggression

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**Documentation: Aggression** SOLUTIONS

**Table 1**  
**Environmental and Behavioral Interventions for Patients With Agitation and Aggression**

**Environmental Intervention**

- Decrease stimulation (e.g., turn off the television in a waiting room or day room)
- Remove objects that may be used as weapons (e.g., chairs, lamps)
- Escort other patients/residents to another area instead of trying to move the agitated individual
- Have several adequate staff members available

**Behavioral Intervention**

- Set the tone of the intervention in the first few minutes
- When possible, interaction should be with a staff member who has the best rapport with the patient
- Talk softly instead of shouting; respond in a supportive, reassuring manner
- Express genuine concern to reduce the occurrence of an assault; ask the patient if he or she needs anything
- Establishing rapport with eye contact may be helpful; however, break eye contact if it makes the patient uncomfortable
- Allow the patient to share his or her feelings or concerns; cut the conversation short if it results in escalation of agitation or danger to the patient or other people

*Source: References 7, 10.*

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**Documentation: Aggression** SOLUTIONS

## Some considerations...

- Ensure that tracking sheets are simplified to ensure completion.
- Don't be afraid to tailor tracking sheets to meet the needs of the person you support.

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### More considerations

- Remember, tracking sheets may also be read by supports outside the home.
- If tracking no longer serves the purpose it was intended for, don't be afraid to embellish or edit it.
- Ensure that tracking serves a functional purpose.

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### Tracking Options

- Sensory Calendar
- Pitonyak's Discovery Worksheet
- Pitonyak's Scatter Plot Diagram

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### Sensory Calendar

DATE & TIME	LOCATION	SOUNDS	SMELLS	COLOURS	ON SHIFT
09/04/2014 2:00pm	Dining Room	Dishes being washed in the kitchen	The smell of cleaning product	Walls in the dining room are painted green	Kim Joan Max

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# Documentation: Aggression SOLUTIONS

## Markus

- Brought him to G.P.
  - Introduced Celexa (citalopram). Started at 20mg and ↑ to 40mg/day after 4 wks.
  - Some improvement
  - Integrated counseling
  - Increased participation

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# Documentation: Aggression SOLUTIONS

## Markus

After 12 weeks, his aggression exacerbated:

- Now grabbing/hitting ALL roommates, screaming in community
- PRN use at maximum dosage at least 3 times/wk

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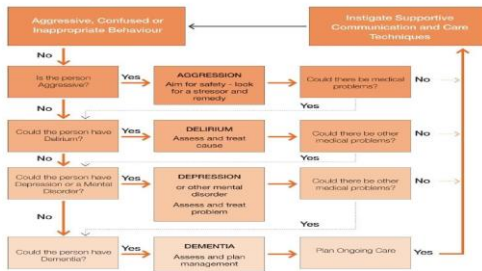
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Pooler's Algorithm: Nursing Management if Disturbed Behaviour in Older People



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### Pitonyak's Discovery Worksheet

If the person's difficult behaviours appear suddenly, you may want to consider this helpful acronym:

- H = HEAD
- U= URINARY TRACT
- R= REFLUX AND OTHER GI FACTORS
- T= THYROID
- S= SEIZURES
- Track this where the person supported is injuring him or herself

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### Pitonyak's Scatter Plot Diagram

Time/Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00							
05:00							
10:00							
15:00							
20:00							
23:00							

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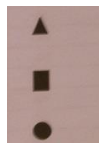
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### Symbols



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- Brought back to G.P.:
  - Blood work done (CBC, electrolytes, TSH)
  - Referral for sleep study
  - Seroquel 50mg TID added to MAR
  - PRN remains

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ABC Data Sheet – Version 2

Record each instance of your behavior, as well as the antecedent (what happened right before the behavior), the consequence (what happened right after the behavior), and what the possible function of that behavior was (what outcome did it achieve for the child/student?).  
 Describe the target behavior \_\_\_\_\_

Date / Time	Setting Events (what was going on at the location? / people present and activities/teacher, etc.)	Antecedent	Behavior	Consequence	Function (what was the likely intent?)

© 2011, PositivelyAutism.com. Visit our website for more teaching resources.

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### Markus

- Documentation revealed difficulty swallowing, nausea/vomit
- Grabbing throat
- Anxiety and irritation/aggression after eating

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### Markus

- Medication changed from Brand Name to Generic.
- Markus having difficulties.
- G.P informed RX prescribed as Brand Name only and pharmacist informed of the SE.

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#### PAIN

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Medications commonly used.....

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### Atypical Antipsychotics

- Risperidone (Risperdal (M-tab) + Consta)
- Clozapine (Clozaril)
- Olanzapine (Zyprexa (Zydis))
- Quetiapine (Seroquel)
- Ziprasidone (Zeldox /Geodon 
- Paliperidone (Invega + Sustenna)
- Asenapine (Saphris ->S/L)
- \*Aripiprazole (Abilify)



**Legend**  
 ( ) Fast dissolving  
 + IM Long-acting  
 \* 3<sup>rd</sup> generation

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### Typical Antipsychotics

- Haldol (haloperidol)
- Loxapac (loxapine)
- Largactil (chlorpromazine)
- Nozinan (methotrimeprazine)
- Clopixol (zuclopenthixol)

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### Anxiolytics



- |           |                    |
|-----------|--------------------|
| Valium*   | ➤ Diazepam         |
| Ativan*   | ➤ Lorazepam        |
| Rivotril* | ➤ Clonazepam       |
| Serax*    | ➤ Oxazepam         |
| Xanax*    | ➤ Alprazolam       |
| Lectopam* | ➤ Bromazepam       |
| Dalmane*  | ➤ Flurazepam       |
| Restoril* | ➤ Temazepam        |
| Librium*  | ➤ Chlordiazepoxide |
| Buspar    | ➤ Buspirone        |

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### Medication Side Effects

- eye movements
- change in facial expression
- acne
- sun burn
- itching
- swelling
- bruising
- skin rash/hives
- trouble breathing
- cough
- nasal congestion
- difficulty swallowing
- difficulty falling asleep
- increased sleep
- daytime drowsiness
- interrupted sleep
- nightmares
- irritability
- withdrawn
- sweating
- hair loss/gain
- **menstrual** changes
- breast D/C

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### Medication Side Effects

- dry mouth
- drooling
- increased gum growth
- constipation
- diarrhea
- nausea/vomiting
- increased thirst
- increased appetite
- abdominal pain
- weight gain/weight loss
- increased urination
- difficult urination
- urinary incontinence
- fecal incontinence
- restlessness
- nervousness
- dizziness
- slurred speech
- tremor
- fainting
- impaired memory
- headaches
- confusion
- seizures
- abnormal gait
- leaning to side
- rigidity
- abnormal posturing/movements

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### Medication Side Effects

- Sedation
- Orthostatic Hypotension
- Prolongation of QTc interval (dizziness, fainting, palpitations, N & V)
- Galactorrhea / increased prolactin
- Sexual dysfunction
- Sun hypersensitivity

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### Long Term Considerations

- Medication SE
- Tracking/observing ongoing
- Life will change so too can observation and/or tracking change
- Medical comorbidities
- Environmental/social triggers

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