**Things to study for Written Exam**

Management of Difficult Behaviors

**Inappropriate Social Behavior**

Do not take it personally, stay calm, reassure, find out cause, direct to private area, respond positively to

appropriate behavior, and report abuse to nurse.

**Inappropriate Sexual Behavior**

Do not overreact, be sensitive, try to distract, direct to private area, and provide other types of physical

stimulation.

**Sleep Disturbances**

Make sure resident gets moderate exercise or activity during the day. Allow resident to spend time in

natural sunlight if possible. Reduce light and noise during nighttime hours. Discourage sleeping during

the day.

**Hoarding and Rummaging**

Label belongings, place a label or symbol on door, do not tell others that person is stealing, prepare the

family, ask family to report unfamiliar items, and provide a rummage drawer.

**Suspicion**

Do not argue, offer reassurance, and be understanding and supportive.

**Agitation**

Remove triggers, keep routine, focus on familiar activity, remain calm, and soothe.

**Sundowning**

Remove triggers, avoid stress, play soft music, set bedtime routine, plan calming activity, remove caffeine,

give back massage, distract, and encourage daily exercise.

**Catastrophic Reactions**

Avoid triggers such as fatigue, changes, overstimulation, difficult choices/tasks, pain, hunger, or need for

toileting. Remove triggers and distract.

**Violent Behavior**

Block blows, never hit back, step out of reach, call for help, do not leave resident alone, remove triggers,

and use calming techniques.

**Pacing and Wandering**

Remove causes, give snacks, encourage exercise, maintain toileting schedule, let pace in safe place,

and suggest another activity.

**Hallucinations or Delusions**

Ignore if harmless, reassure, do not argue, and stay calm.

**Depression**

Report signs, encourage independence, talk about resident’s moods and feelings, and encourage social

interaction.

**Perseveration or Repetitive Phrasing**

Respond with patience, do not stop behavior, and answer questions each time, using the same words.

**Disruptiveness**

Gain resident’s attention, be calm, direct to a private area, ask about behavior, notice and praise improvements,

tell resident about changes, encourage to join in activities, help find ways to cope, and focus on

positive activities.

Interventions for ADLs

**Nutrition**

• Have meals at consistent times each day. Serve familiar foods. Food should look and smell appetizing.

• Make sure there is adequate lighting.

• Keep noise and distractions to a minimum.

• Keep the task of eating simple. Finger foods are easier to eat.

• Do not serve steaming or very hot foods or drinks.

• Use plain plates without a pattern or color. Use a simple place setting. Remove other items from

the table.

• Put only one item of food on plate at a time.

• Give simple, clear instructions on how to eat or use utensils.

• Place a spoon to the lips.

• Ask resident to open his or her mouth.

• Guide resident through meal with simple instructions. Offer regular drinks to avoid dehydration.

• Use assistive equipment as needed.

• Feed resident slowly, giving small pieces of food.

• Make mealtimes simple and relaxed. Give resident time to swallow each bite.

• Seat residents with others to encourage socializing.

• Observe for eating and swallowing problems. Observe and report changes or problems.

**Physical Health**

• Prevent infections. Follow Standard Precautions.

• Observe and report potential problems.

• Give careful skin care.

• Watch for signs of pain.

• Maintain daily exercise routine.

**Mental and Emotional Health**

• Maintain self-esteem. Encourage independence.

• Share in enjoyable activities.

• Reward positive and independent behavior with smiles, hugs, and warm touches.

**Bathing**

• Schedule bathing when resident is least agitated.

• Give resident supplies before bathing to serve as visual aid.

• Take a walk with resident down the hall and stop at tub or shower room.

• Make sure bathroom is well-lit and at a comfortable temperature.

• Provide privacy.

• Be calm and quiet. Keep process simple.

• Be sensitive when discussing bathing with resident.

• Give resident washcloth to hold during bath.

• Ensure safety by using nonslip mats, tub seats, and hand-holds.

• Be flexible about when to bathe. Understand if resident does not want to bathe.

• Be relaxed. Offer encouragement and praise.

• Let the resident do as much as possible during bath.

• Check the skin for signs of irritation.

**Grooming and Dressing**

• Help with grooming.

• Avoid delays or interruptions.

• Show resident clothing to put on.

• Provide privacy.

• Encourage resident to pick out clothes to wear. Lay out clothes in order to be put on.

• Break task down into simple steps. Do not rush the resident.

• Use a friendly, calm voice when speaking. Praise and encourage.

**Elimination**

• Encourage fluids, even if resident has problems with urinary incontinence.

• Mark bathroom with sign or picture.

• Make sure there is enough light, both in the bathroom and on the way there.

• Note when resident is incontinent. Check him every 30 minutes. Take resident to bathroom before bathroom

time.

• Observe toilet patterns for two to three nights if resident is incontinent during night.

• Take resident to bathroom after drinking fluids. Make sure resident urinates before getting off toilet.

• Take resident to bathroom before and after meals and before bed.

• Put lids on trash cans, wastebaskets, or other containers if resident urinates in them.

• Be professional when cleaning episodes of incontinence.