

TIPS Question:

How do you deal with a resident who constantly removes her wheel chair seat belt and then sits or sometimes falls to the floor? This happens every evening when staff are very busy – the lift must be used each time she is on the floor. Resident is hurting herself at times.

Response:

You have made an interesting observation and that is the relationship of the resident's behaviour and what is the time of day and what is the activity of the unit. You do not mention the resident's cognitive status, but the clinical presentation would suggest she has a degree of cognitive impairment. It would not be a "normal" decision to get up and fall to the floor if one has the ability to understand the Behaviour and Consequence. People do not choose to put themselves in injurious circumstances and to be moved by mechanical lift. This situation is definitely unpleasant for both the resident and care staff. What we are missing is the Antecedent. We do not yet understand why the resident becomes increasingly restless at this time and removes her wheelchair belt. There are a number of options to consider.

The first would be to monitor closely the Antecedents of behaviour at that time of day, e.g.

1. Did the resident just have a meal and may need to void so is restless and attempting to get up on her own. (The need to void is a frequent cause of such falls, especially during the night;
2. Has the resident been sitting a long time and expressing her discomfort by attempting to change position;
3. Is the resident sleepy and wanting to go to bed;
4. Does the resident get agitated when she is unable to see care staff, so is trying to get out of her chair?

These examples are not all inclusive. You may discover a different reason and it may require some detective work, but will be well worth the effort for both you and the resident! A DOS may also be of assistance to monitor the "rhythm" of the resident's day. Problem solving in this population uses all of your expertise to identify an appropriate intervention.

Please note: TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.