

New Brunswick Appropriate Use of Antipsychotic (NB-AUA)

Role Play Exercise

Document Preparation

Assumptions: Participants will be sitting with their teams/6 people per table

Set-up - 1 copy per table/group

- Instructions for role play – white paper
- Scenario A and B – double sided; white paper
- Initial Huddle Summary and Continuing Huddle Summary – double sided; white paper
- Potential Huddle Outcomes Part A and B – double sided; white paper; do not distribute ahead of time – only after team huddles
- Roles Part A and B – double sided; colored paper:
 - RN – Red
 - LPN – Orange
 - HCA – Yellow
 - Dietary Aide – Green
 - Recreation Worker - Pink
 - Wife – Blue

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Role Play Exercise

Instructions

Purpose: Huddle & Interdisciplinary Problem Solving Experience

At your tables, you will work through a 2-part scenario of a resident who has a complicated clinical profile. Each table will receive a copy of:

- Scenario Part A
- Scenario Part B
- Cards on colored stock for the various “roles” – one side will have Part A role; the other side will have Part B
- One Initial Huddle Summary Sheet
- One Continuing Huddle Summary Sheet

1. Before you begin reading through Scenario A – everyone will select the role they will be playing, and take the colored role cards that correspond to your role: red is RN, orange is LPN, yellow is HCA, green is Dietary Aide, pink is Recreation Worker, blue is Wife. *Note: you may wish trying to play a role you do not currently fulfil in your organization to give you a different perspective.*
2. If you do not have a role, you will observe the conversation and record the care plan in the huddle summary sheets. You may trade with someone for Part B so that everyone gets a chance to play a role.
3. Everyone will take 5 minutes to review Part A of their role. Please do not share at this point, but be prepared to act out your role. Feel free to improvise or even add information based on experiences you have had. The idea is for you to be believable in your role.
4. The RN will now read out the scenario (the facilitator of the session may do this for the entire group).
5. The RN will now act as the facilitator to conduct the “huddle”, making sure probing questions are asked, and that the entire multidisciplinary team is given an opportunity to contribute.
6. When you are asked for information, please do not simply read off your entire information card. Give life to the role play; provide the info that is required and add where you need to. Consider how the person whose role you are playing would actually behave, what they would say, how they would say it.
7. As a team, come up with a care plan that is person centered and document on the Initial Huddle Summary
8. Now, move to Part B Scenario
9. At this point, switch roles if you need to give others a chance. Everyone reads Part B roles quietly to themselves for a couple of minutes.
10. The RN reads out Part B scenario for the group and then facilitates the huddle discussion as before.
11. Record the care plan on the Continuing Huddle Summary sheet.

Role Play Exercise

Scenario Part A

Mr. Jeffries is a 72 year old gentleman with dementia. He was admitted to your facility 3 months ago. His wife is a lovely, tiny and quiet 68 year old lady who has been run ragged trying to care for her husband as his dementia has been progressing over the last 3 years. She also babysits for her daughter's children (aged 9 and 11) after school until about 6:00 p.m., when her daughter and son-in-law can pick them up after work. She is showing definite signs of care-giver stress. Placing John in the nursing home has been a relief for Mrs. Jeffries, yet she can't get over feeling terribly guilty about this admission, particularly since John keeps begging to come home because he "hates this place". John was a high school teacher and taught grade 10 physics. He was a very talented painter as well, and many of his landscapes grace their home. He was an active man in retirement; golfing, gardening, and painting. John was the patriarch of the family- he made all the decisions, and kept track of all the finances. Since being diagnosed with dementia, he has become more withdrawn. When he was admitted, he was very combative and verbally aggressive, so Risperidone was prescribed. His medical history includes:

- COPD, (he was a smoker until his admission to your facility)
- Hypertension
- Hyperlipdemia
- Osteoarthritis

His medications include:

- Lipitor 20 mg p.o., OD
- Advair 250 mg I inhalation BID
- Risperidone 0.5 mg p.o. TID
- Tylenol plain, 325 mg p.o. once per day
- Lactulose 15 mg p.o. once per day
- Vitamin D 400 units p.o. daily

He is ambulatory with no walking aides, but because of poor short term memory requires coaching with all his ADLs. In the last 6 months he has become occasionally incontinent of urine, and when he is wet, he becomes very agitated. He paces constantly in the evening, and into the night - so much so, he's developed weeping blisters on his feet. He does not participate in any group activities, but sits staring out the window in the lounge. The only time he seems happy or animated is when his wife or family come to visit him. He cries when they leave, and becomes quite verbally abusive to staff. Staff members are frustrated with him, as he just doesn't seem to be settling and getting into the "routine of the home".

Question 1: Do you think Mr. Jeffries is a candidate for reduction and potential discontinuation of his antipsychotic medication? Why or why not?

Huddle

As a team, you will now come together to do a "huddle" on Mr. Jeffries. Each member of your group will play a role as one member of the multidisciplinary team. Have fun and "get into" playing your role. Be believable! Don't forget to document your discussion on the Huddle Summary sheets.

Role Play Exercise

Scenario Part B

The doctor prescribes an SSRI (Citalopram 10 mg OD), but does not agree to reduce the Risperidone at this time. John's care plan has been adjusted to include regular toileting, and scheduled rest periods in his new (borrowed) reclining chair. Recreation has been successful in starting him painting again, and he is less verbally and physically aggressive. All seems well, but within a couple of months, John is getting more and more reluctant to participate in any activities. He refuses to get out of bed in the morning, and the health care aides are experiencing difficulty with his care. He is having more difficulty with word finding and expressing his thoughts. The dietitian has been consulted as John is not eating as well as he was previously, and it was decided to change his diet texture to minced due to some difficulties chewing and swallowing.

Mrs. Jeffries makes an appointment to meet with the Director of Care. She is most upset at what is happening with her husband, but so far has not met with the Director. She is here in this interdisciplinary team huddle instead in an attempt to have her concerns addressed. She wants all the medications except the Advair removed immediately. In fact, she is adamant that these drugs be stopped today, or she will lodge a complaint with the health authority!

Question 2: What do you think is happening with Mr. Jeffries?

Question 3: How will you manage Mr. Jeffries' care while responding to Mrs. Jeffries concerns?

Huddle again as a team to come up with a plan. Use Part 2 cards for this discussion.

Role Play Exercise

Answer Guide for Huddle #1 - Scenario Part A

- 1. Guide the staff to complete a comprehensive assessment. If you are using PIECES, complete a PIECES assessment to look for any other potential causes of behavior. Have staff pay particular attention to the “E” emotional, and “S” social aspects of PIECES – these are areas that are often overlooked, but research is showing that many behaviors are related to these areas.*
- 2. Based on the comprehensive assessment, a clear care plan with goals should be developed. Invite staff to a huddle to begin the process of determining how best to care for John. The multidisciplinary team should be present, and in the first meeting (15 – 20 min in length), should discuss what they know about John, what they’ve experienced in terms of behaviors, and what if anything alleviates the behaviors. A Direct Observation System tool (DOS) should be completed for one week to really see what is going on with behaviors, and to look for trends. Have the team commit to completing a DOS and then coming back to huddle in a week to discuss results.*
- 3. In the meantime, nurses should complete a depression assessment. If using MDS, you can look at Depression Rating Scores to see if there is likelihood of a depression being present. In John’s case, it would not be surprising for him to be depressed: he’s dementing, yet has moments of clarity, he’s separated from his wife and family and living with strangers. A trial of antidepressants may address his behaviors better than antipsychotic medications.*
- 4. Ensure his care plan includes regular toileting, so he can stay dry. Consider a “Prompted Voiding” program (See Registered Nurses Association of Ontario (RNAO) website for details. His mealtime fidgeting may in fact be related to the need to use the washroom.*
- 5. John is obviously used to being an early riser. Why does he have to wait for breakfast for coffee – can the team provide something sooner like coffee and a muffin, for example.*
- 6. John needs more to eat. His meals should be larger to prevent him from reaching for his neighbor’s meal. Enlarging his portions may create satiety, and prevent the angry outburst that occurs when he is not allowed to take his table-mate’s food.*
- 7. Talk to John’s wife about footwear – something soft yet supportive, or socks with non-slip soles. Perhaps she can bring in a favorite chair or recliner so he can put his feet up. In fact, how personal is his room? Is there capacity to have a few more cherished small items in the room, like his paintings for example?*
- 8. How can you use humor to guide John in his ADLs, and make him more cooperative? Is there one or two staff members who really get along well with John, can establish a trusting relationship, and begin to try injecting humor to see how well it works.*
- 9. Coordinate with Recreation to see if John will do some painting. This is a beloved past time that he may be able to re-engage in.*

Role Play Exercise

Answer Guide for Huddle #2 - Scenario Part B

The following are some potential outcomes of your huddle:

1. *Drug interactions. Somnolence can be due to the action and potentiation of all three drugs: risperidone, citalopram, and even the Advair.*
2. *A medication review together with the doctor, pharmacist and nursing staff is imperative. Nurses need to bring clinical evidence and documentation regarding the side-effects they have noticed in Mr. Jeffries. The Director of Care or designate may have to work with the nurses to help them have an effective conversation with the physician.*
3. *The risperidone is ineffective for any of the mild behaviors John may have been exhibiting, and he is experiencing significant drowsiness from it, and the combination of his other meds. A program of titration to wean John off the risperidone needs to be started. The citalopram should likely be left alone for now until the risperidone has been discontinued. Then, re-evaluation of the continued need for citalopram should be completed.*
4. *Mrs. Jeffries needs to be heard and reassured that her concerns are valid; the team has recognized there is a problem that may likely be due to the medications. Explain what the process for weaning of the medications will be, and why slow titration must occur as opposed to an abrupt cessation of medication.*
5. *Set up regular meetings with Mrs. Jeffries to discuss how the medication changes are going; the changes she is seeing in her husband. It is important to have Mrs. Jeffries' input as well as support.*
6. *The Director of Care may need to meet with the physician to discuss the medication, if the nurses continue having difficulty, and the physician refuses to reduce the meds. You may need to involve your medical director, CEO or another physician champion to help with this.*

Role Play Exercise

RN (RED) - Scenario Part A

You have the scenario written out for you: in a real huddle, you would review this information in brief with the team first. Next, guide the team in a discussion, by asking the following questions:

- What are the behaviors that are troublesome or risky?
- Has anyone had any success in calming John down? If so, what techniques have worked?
- How did Mrs. Jeffries handle his wandering when she had him at home?
- What more can we learn about John – his hobbies, his interests?

As the discussion progresses, you can share some of the following information as appropriate.

- You were the nurse who admitted Mr. John Jeffries 3 months ago.
- His wife accompanied him and she was incredibly anxious; worrying about how he would settle. She was obviously very stressed, and also feeling very guilty about admitting her husband to a PCH. She admitted to you that this was not how she envisioned their golden years, and she was actually quite angry at John for getting sick, even though it's not his fault. It took you several weeks to gain Mrs. Jeffries' trust and get her to stop visiting 2-3 times per day.
- Mr. Jeffries on admission was pleasant and cooperative, but within a few days, became quite combative, refusing to comply with ADLs, insisting that he was going home, and threatening to hit people if he wasn't allowed to leave.
- He wasn't sleeping, was refusing to eat much, and was pacing constantly. The HCAs and other nurses were a little wary of him, as he is a large, imposing man.
- You asked the doctor for an antipsychotic, and John was placed on Risperidone, 0.25 mg BID. After about a month, when there was no real change in his behavior, the doctor (on your encouragement) increased the dosage to what it currently is.
- His behaviors have not changed. Staff is getting more frustrated.
- HCAs have been noticing increasing episodes of incontinence. There have been no reports of cloudy or foul urine; he is not febrile.
- John seems to be in pain at times – you've noticed a limp when he walks. Certainly his blisters on his feet must hurt. The other nurses have not been giving him any prn medication.

Role Play Exercise

RN - Scenario Part B

Read Part 2 scenario to the group, then begin asking probing questions as you did in Part 1. You can offer the following info as the discussion progresses.

- Mrs. Jeffries is really angry. She was in yesterday yelling at the staff. Unfortunately, you were not on duty yesterday, because you seem to have a pretty good relationship with her, and you feel confident you could have eased her worries.
- You attempted to talk with the doctor when he was in for rounds last week, but he said he didn't have time to discuss this, and he's not making any changes unless we provide some evidence.
- You did try to get the team to do a DOS last week, but when you arrived today, you noticed that the form remained on the clip board, buried under a pile of papers, and so nothing had been tracked
- You think the citalopram might be helping, but you're not sure as he does seem pretty sleepy these days. You're wondering how well he's resting at night.
- Given his gait issues and weakness, you think you will have to press the issue of Mrs. Jeffries getting him his own wheelchair.

Role Play Exercise

LPN (ORANGE) - Scenario Part A

As the discussion progresses, you can offer up the following information.

- John's pacing, especially in the evenings is becoming quite a problem. He's not going into other resident's rooms, but will walk continuously for hours, muttering that he wants to leave. You can't get him to settle.
- You have noticed a limp from time to time.
- His blisters on his feet are getting worse – some are open and weeping. You can't keep a dressing on them.
- John doesn't seem to complain of pain when you ask him.
- The HCAs have said that he is more incontinent of urine. You've noticed that when you ask him if he needs to toilet right after meals, he will go, and then tends to stay dry.

Role Play Exercise

LPN - Scenario Part B

- You frequently have difficulty getting John to take his medications; you have to repeat the instructions several times before he will take the pills and swallow.
- You've instructed the HCAs to use a wheelchair for him, as he seems more stooped over when he walks and he is unsteady.
- You've put a request in for OT, but so far an assessment has not occurred.
- The HCAs are insisting that John needs a mechanical lift, as he is needing 2 person assist with transfer belts to move from bed to chair and back, and he is a big heavy man.

Role Play Exercise

HCA (YELLOW) - Scenario Part A

As the discussion progresses, you can offer up the following information.

- When you are on shift, you take the time to talk to John about his family and his hobbies.
- You have these conversations with him while you help him with his ADL's; they tend to distract him and he is more cooperative.
- If you want John to do something, you say, "John, I could really use your help here", or "you're just the man to help me out". He likes to help and "teach".
- You've found that when you have time, if you look at a book with landscapes, he will sit with you for a while.
- You think he's in a fair bit of pain – not just from walking (he needs better shoes, as his slippers rub on his toes and don't fit well), but also from his arthritis. He is pretty stiff sometimes getting up out of a chair or out of bed.
- You find John never has accidents when you're working with him. You take special care to take him to the toilet before meals, and then again right after. He is a very proud man, so you let him do whatever he can for himself, and give him privacy in the bathroom as much as possible.
- John is normally up and dressed by day shift. The night HCA says she lets John choose what he is going to wear and cues him for dressing. It takes a lot longer, but John seems to be less cranky when she does this.
- John does not like to be told what to do.

Role Play Exercise

HCA - Scenario Part B

- John is becoming heavier care – he is doing less and less for himself.
- He is incontinent most of the time now.
- He is not as verbal as he used to be – his words are slowing down, and he seems unable to find the words he needs to communicate.
- He is not combative anymore which is a good thing, but he seems very sleepy. Sleeps really good at night!
- You and your partner HCAs don't think the medications should be reduced because you worry about John becoming combative again. Safety of staff is important!
- He is a lot more unsteady on his feet; using a borrowed wheelchair to get him to the dining room & back.

Role Play Exercise

Recreation Worker (PINK) - Scenario Part A

- You've tried many times to engage him in group activities; he just refuses to go.
- If he is brought to a group activity, he gets up and leaves soon after, or he begins wandering around the activity area, disrupting others, going through shelves and drawers.
- Not really sure what his past hobbies and interest are.

Role Play Exercise

Recreation Worker - Scenario Part B

- John has begun yelling when he's in any recreation programs. This has only happened once or twice, and he can't seem to verbalize what is wrong or what he wants.
- Much of the time, he just sleeps through any programs. He seems really tired, and you wonder if he's getting enough rest.
- Mrs. Jefferies has mentioned in passing to you that she believes the medications are to blame, and she is frustrated that the nursing team and the doctor are not listening to her.

Role Play Exercise

Dietary Aide (GREEN) - Scenario Part A

As the discussion progresses, you can offer up the following information.

- You frequently find him in the dining room, sitting at a chair, looking out the window when you arrive each morning at 0700 hours insisting on a cup of coffee. He's told he has to wait until breakfast at 0800 hours.
- You notice he quickly eats his own meals and then will try to take his table-mate's food if you're not diligent. He gets mad when you stop him, even if you offer him a second helping for his own.
- He often seems "fidgety" while sitting in the dining room.

Role Play Exercise

Dietary Aide - Scenario Part B

- You notice that John now needs help to eat his minced diet. Someone has to sit with him, and either feed him or coax him to eat.
- You notice he has more trouble swallowing; he's almost choked a couple of times, even though he's now on a minced diet.
- He seems so tired; why can't he just have his meals in bed? You've seen him falling asleep at the table.
- He is not eating as much as before.

Role Play Exercise

Wife (BLUE) - Scenario Part A

As the discussion progresses, you can offer up the following information.

- It destroys you to see John so unhappy. You are beginning to think you made the wrong decision in bringing him to the home.
- John seems so bored; you notice he is wandering aimlessly down the hallways.
- When you visit he seems to really perk up, but then begs to be taken home. You find it so hard to leave, especially when John tries to follow you out the door. You don't know how to handle this.
- It worries you how angry John seems to get with the staff when you know they are just trying to help him. But if the HCAs and nurses would just approach him a little differently – not like he's a child, it might help. You know John has a very well developed and dry sense of humor. Throughout your marriage you've used this knowledge to get over rough patches. John loves a good joke and likes to tease and be teased gently.

Role Play Exercise

Wife - Scenario Part B

- John has become a shell of the man you knew, and since admission, you feel he has gradually deteriorated.
- You are angry – at the way John’s care has been managed, especially his over-sedation with medication, and you’re inability to get a straight answer from anyone.
- John barely has enough energy to visit, and you are very concerned about his difficulties walking and eating.
- You’ve tried speaking to the nurses about all this and they keep telling you that they will speak to the doctor, but nothing is changing. Instead, the nurses are calling you and asking you to consider buying John his own wheelchair.
- You are NOT happy about the insistence that you purchase a wheelchair for John. You think if they’d just care for him properly and not sedate him, he would be back to ambulating on his own again.
- You don’t trust the team anymore. They will have to do a lot of work to get you to trust again.
- You’re frustrated, because depending upon which staff you speak with, you get a different answer about what is going on with John. Some nurses have said that his dementia is progressing; others are telling you he might have a UTI, and that is why he is so tired. You’ve asked the nurses to have the doctor call you to address your concerns, but so far – no phone call.
- You want those meds off – and now! How come no one is even talked about a plan to get these meds discontinued? You’ve read about them, and you know how dangerous Risperidone is.
- You wish you could have your old John back. You miss his lovely smile, having him hold your hand. Is there no way you can get *some* of this back?
- If something is not done IMMEDIATELY, you will go to the health authority and engage a lawyer!

Your
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Initial Huddle Summary

Resident _____ Huddle Date _____

Team Members Present

Diagnoses:

Brief Description of Reactive Behaviors: (include duration/frequency)

Current Medications:(include dosage/frequency)

Team Discussion:

Plan:

Unit Nurse Signature _____ **Next Huddle date:** _____

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Continuing Huddle Summary

Resident _____ Huddle Date _____

Team Members Present

Current Medications:(include dosage/frequency)

Team Discussion: (How well is the plan working/what changes or additions are required)

Plan:

Unit Nurse Signature _____ **Next Huddle date:** _____