

Stress and Distress	Name:
	Chi:
	Named Nurse:
	Date:

Stressed or Distressed Behaviour (description of the behaviour; shouting, withdrawal, tearfulness, attempting to leave, aggression):

-----has a diagnosis of mixed dementia, Alzheimer's/Vascular upon a background of previous heavy alcohol consumption for most of his adult life, this appears to have had a significant impact on his cognitive abilities particularly exacerbating his cognitive symptoms since diagnosis.

----- appears at times to display expressive dysphasia. ----- was diagnosed in December 2013. ----- also has a diagnosis of depression, it is unclear how long his depression has been untreated. He is now prescribed medication for this.

----- was admitted to ----- ward in a state of agitated distress associated with persecutory thoughts, and grieving the loss of his dog.

----- has a very supportive daughter who lives in -----, she visits regular. Upon admission he was frustrated, angry, and irritable verbally and physically aggressive, frequently resistive to personal care interventions from staff.

- At times ----- can appear derogatory towards staff and fellow patients and has attempted physical aggression towards staff and patients on the ward.
- Medication has at times appeared to alleviate some of ----- distress and anxiety particularly surrounding personal care interventions, however -----still has the potential to display anger during these times.
- -----can appear frustrated and his inability to communicate at times this appears to inflame this frustration and anger.
- ----- can appear to be looking for his dog and can become frustrated with this.
- ----- has also observed urinate in inappropriate places and also has been incontinent of both urine and faeces on occasions.

Triggers (When does it happen? Where does it happen? Particular causes?)

- ----- displays stressed and distressed behaviours when he has woken up either from a sleep during the day or when waking in the mornings. This is displayed by anger and anxiety especially during personal care needs, this is heightened when ----- has been incontinent and at times appears not to realise this has happened.
- When exploring the ward he can often be seen standing looking out of the windows or attempting to unlock the doors.
- He can display anger and frustration when his daughter has visited and left the ward
- Unfamiliar staff can trigger anger and he can become dismissive towards staff at this time.

What is the behaviour communicating (unmet need; stimulation, attachment, comfort, occupation, pain)?

- ----- has in the past been fiercely independent caring for his own needs. The stress and distress he displays could be as a result of frustration of having his role taken away from him, at times due to his confusion and cognition he is unable to initiate certain tasks or to complete a started task.
- He may feel vulnerable or embarrassed at times therefore display anxiety as a result of this.
- Due to his dysphasia he cannot always makes his needs known to staff and fellow patients.
- His daughter plays an important caring role in ----- life and at times he can verbally acknowledge that she is not always around to communicate and support him.
- The recollection of the death of his dog.

Objective:

The objective of this care plan is to reduce ----- stress and distress which is communicated in the following way:

----- can display verbal and physical aggression, he can raise his voice, invade the personal space of others, he can appear to be emotionally unstable at times, tearful with his daughter and has spoken in the past of his wish to die. Also to monitor, support and respond accordingly to his mood.

Plan (Who, what, how, when...)

Assess the level of Stress and Distress:

All staff to assess and support -----

What seems to ease the distress (how have we met the unmet need)?

- ----- distress appears to reduce when given time and space ----- can appear to be increasingly distressed when has just woken up, staff to re-orientate ----- in a sensitive manner explaining the reasons for hospital admission and orientation as to where the hospital is in proximity to his own home, this has been found to benefit and allows ----- to re orientate himself to his surroundings.
- Short 1:1 sessions appear to support ----- anxieties and distress by allowing----- to talk about his feelings staff respond by answering ----- questions which appear to help ease the situation.
- By allowing his daughter to fully involved in his care when she is here also appears to help ease his anxieties and distress (this also helps support his daughters anxieties and distress of her father being in hospital as she lived far away)
- Two nurses should be attending to ----- needs when he is displaying stressed and distressed behaviours at least one of these should be PMAV approved.
- Encourage John to his room if he appears bored and frustrated and encourage him to watch a DVD which he appears to enjoy.

- Be clear and concise when dealing with ----- -personal care needs.

If there are specific triggers (overstimulation, understimulation) what can be done to minimise these?

- Allow -----to wake up fully before any interventions are considered.
- Use distraction techniques when -----is standing and ruminating at windows or attempting to open fellow patients rooms staff to engage----- in conversations and chat about his love of horse racing and his hometown of -----.
- Provide support to ----- when he talks about the loss of his dog or when he misses his daughter. If possible consistency in staff and the adoption of a consistent approach.
- Minimise ----- time in a non-stimulating environment.

Evaluation date:

Nurse's signature:

Date:

Client's signature:

Date:

Evaluation:

Has the plan above reduced the distress? If not, what else might we need to consider to reduce distress and meet unmet need?

Date to be reviewed?

Name and CHI:

EVALUATION CONTINUATION SHEET:

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