Many patients restrained in acute care are elderly. Our organizational philosophy, consistent with quality and regulatory agencies are focused on the least restrictive approach for managing problem behavior. Sometimes problem behavior is the patient’s way of communicating a need. Often times the signs that something is wrong are quite simple, the patient is more confused than usual, not eating, and incontinent.

The most common acute problems for older adults are urinary tract infection (UTI), impaction/obstruction, pneumonia, medication reaction and confusion. These acute problems are often superimposed on chronic disease, and when assessing patients, a bit of good detective work may be the first step. Always perform a basic assessment to rule out medical illness before proceeding to more specialized assessments for problematic behaviors such as fall risk, wandering, agitation and potential to interfere with medical devices.

**SURVEY PATIENT** – Do they look acutely ill? Dehydrated? In pain?

**PAIN** is frequently denied in the elderly population. Basic questions about how long, the nature of the pain and where it is located can help with the detective work:
- Burning epigastric pain – ulcer vs. gastritis
- Burning back pain – may indicate muscular/neuro pain
- Burning abdominal pain – UTI (this may be the only complaint!)
- Heavy sternal pain – MI
- Sharp abdominal pain – stones
- Aching joints – arthritis

**CHEST complaints** Many elderly patients have decreased breath sounds at baseline (e.g., lung disease, smoking)
- Are there decreased breath sounds, are lung sounds even, any rales?
- Some elderly patients may have no rales, no cough or wheezing and still have pneumonia.
- Is the heart rate fast, slow, regular, irregular?
- Is there edema or is there a change in the BP over baseline?

**CHECK MEDS** – When in doubt this is an excellent place to begin. Some medications require serum levels.
- When was the last level? Illness can alter normal levels.
- Anticonvulsants, such as Depakote, even at therapeutic levels can cause dizziness and sedation.
- Haloperidol may cause increased restlessness as a side effect.

**CHECK VITAL SIGNS**
- Be aware that body temperature is the least reliable measure of illness in the older adult. Some elderly patients may be septic but afebrile.
- Respiration, heart rate and blood pressure are better measures.
- Oxygen saturation levels may also be of some use in assessing cardiac/pulmonary status but a false positive result may occur in the patient that is hyperventilating or anemic.

**OTHER CHECKS** can be made to assist in identifying medical concerns.
- Check a blood sugar if hypoglycemia is suspected. Hypoglycemia can cause deterioration in motor and cognitive functions, the patient becoming lethargic and confused.
- Thirst mechanisms may be impaired by disease, so monitoring of intake and output can be helpful.
- A patient with impaired motor abilities may be unable to reach for the water at the bedside.
- Use of diuretics and elderly patients with impaired swallow function are at risk to become dehydrated.
- Abdominal distension from obstruction or impaction may contribute to restlessness as well. Listen to those bowel sounds!
SLEEP-WAKE CYCLE PROBLEMS are not commonly addressed unless the behavior at night, such as wandering is problematic.

- Elderly patients may tend to wake up sooner or more frequently during the night.
- Stimulant drugs, steroids, energizing anti-depressants or beta-adrenergic blockers, especially if taken at bedtime, can aggravate insomnia.
- Changes in health status may cause disruption in the sleep-wake cycle as well as perceived stress.
- If the complaint is difficulty staying asleep the possibility of medical problems or environmental conditions needs to be investigated.
- Early morning awakening is more symptomatic of depression and warrants appraisal.
- Sleep disturbances in patients with dementia present as sleep that is lighter and more broken in nature.
- The range of sleep behavior is from increased awakenings to nocturnal wandering to agitation and confusion (often referred to as sundowning).