

# QUALITY STANDARDS

## Placemat for Behavioural Symptoms of Dementia

This document is a resource for clinicians and summarizes content from the [Behavioural Symptoms of Dementia](#) quality standard.

### Individualized Care Plan

#### Quality Statement (QS) 1: Comprehensive Assessment

People with dementia and symptoms of agitation or aggression receive a comprehensive interprofessional assessment when symptoms are first identified and after each transition in care.

Complete a comprehensive assessment when symptoms of agitation or aggression are first identified in order to get an accurate diagnosis.

#### QS 2: Individualized Care Plan

People with dementia and symptoms of agitation or aggression have an individualized care plan that is developed, implemented, and reviewed on a regular basis with care partners and agreed upon by substitute decision-makers. Ongoing review and update of care plans includes documentation of behavioural symptoms and the person's responses to interventions.

Work with your patient and their care partners or substitute decision-makers to create an individualized care plan. The care plan should document your patient's behavioural symptoms and responses to interventions. Review and update your patient's care plan every month in hospital or every 3 months in long-term care.

### Symptom Management

#### QS 3: Individualized Nonpharmacological Interventions

People with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific

needs, symptoms, and preferences, as specified in their individualized care plan.

Offer your patient at least 3 nonpharmacological interventions to manage their symptoms before considering pharmacological therapies.

#### QS 4: Indications for Psychotropic Medications

People with dementia are prescribed psychotropic medications to help reduce agitation or aggression only when they pose a risk of harm to themselves or others or are in severe distress.

Consider prescribing psychotropic medications to your patient to reduce symptoms only if they pose a risk of harm to themselves or others, or if they are in severe distress. Your patient and their care partners and substitute decision-makers need to be aware of the increased risk of serious adverse events associated with psychotropic medications.

#### QS 5: Titrating and Monitoring Psychotropic Medications

People with dementia who are prescribed psychotropic medications to help reduce agitation or aggression are started on low dosages, with the dosage increased gradually to reach the minimum effective dosage for each patient, within an appropriate range. Target symptoms for the use of the psychotropic medication are monitored and documented.

Start with a low dosage when prescribing medication to your patient and gradually increase it to reach the minimum effective dosage, within an appropriate range.

#### QS 6: Switching Psychotropic Medications

People with dementia who are prescribed psychotropic medications to help reduce agitation or aggression have their medication discontinued and an alternative psychotropic medication

prescribed if symptoms do not improve after a maximum of 8 weeks. Ineffective medications are discontinued to avoid polypharmacy. The reasons for the changes in medication and the consideration of alternative psychotropic medications are documented.

Switch your patient's medication and document the reasons for the change if symptoms do not improve after a maximum of 8 weeks.

### **QS 7: Medication Review for Dosage Reduction or Discontinuation**

People with dementia who are prescribed psychotropic medications to help reduce agitation or aggression receive a documented medication review on a regular basis to consider reducing the dosage or discontinuing the medication.

Conduct and document a medication review for your patient at least once every month in hospital or every 3 months in long-term care to determine whether the dosage can be reduced or discontinued.

### **QS 8: Physical Restraint**

People with dementia are not physically restrained to manage symptoms of agitation or aggression.

Do not physically restrain your patient.

### **QS 9: Informed Consent**

People with dementia and symptoms of agitation or aggression are advised of the risks and benefits of treatment options, and informed consent is obtained and documented before treatment is initiated. If a person with dementia is incapable of consenting to the proposed treatment, informed consent is obtained from their substitute decision-maker.

Obtain capable, informed, and voluntary consent from your patient, or from their substitute decision-maker if they are mentally incapable of making a decision. Provide information on and discuss the risks and benefits of different treatment options with them before initiating or stopping treatment.

## **QS 10: Specialized Interprofessional Care Team**

People with dementia and symptoms of agitation or aggression have access to services from an interprofessional team that provides specialized care for the behavioural and psychological symptoms of dementia.

Your patient should have a dedicated interprofessional care team to address their behavioural and psychological symptoms of dementia.

## **Education and Training**

### **QS 11: Education and Training for Clinicians**

People with dementia and symptoms of agitation or aggression receive care from clinicians with education and training in the assessment and management of dementia and its behavioural symptoms.

You should have the education and training to effectively provide care for people with dementia and symptoms of agitation and aggression. Understand your role and responsibilities in addressing the complex needs of your patient.

### **QS 12: Education and Training for Care Partners**

Care partners of people with dementia and symptoms of agitation or aggression have access to comprehensive education and training on dementia and its associated behavioural symptoms. This education and training includes management strategies that are consistent with people's care plans.

Offer education and training to your patient's care partners to help them better understand dementia, its associated symptoms and progression, treatment options, and available support.

## **Care Environment**

### **QS 13: Appropriate Care Environment**

People with dementia and symptoms of agitation or aggression whose behavioural symptoms have

been successfully treated are transitioned to an appropriate care environment as soon as possible.

Transfer your patient to an appropriate care environment that prevents retriggering of their behavioural symptoms. The care environment should be calm, have minimal potentially disturbing stimuli, and ensure the safety of other service users.

## QS 14: Transitions in Care

People with dementia and symptoms of agitation or aggression who transition between settings have a health care team or clinician who is accountable for coordination and communication. This team or clinician ensures the transmission of complete and accurate information to the family, care partners, and receiving health care team prior to the transition.

Your patient should have a person or team responsible for coordinating their care and transferring their information among clinicians as they transition between settings.

## Resources

- [Behavioural Symptoms of Dementia quality standard and patient guide](#)
- [Medication Safety quality standard and patient guide](#)
- [Transitions Between Hospital and Home quality standard and patient guide](#)
- [Non-Pharmacological Assessment and Management of Behavioural and Psychological Symptoms of Dementia in Primary Care](#) (Mount Sinai Hospital)

Additional tools and resources are on [Quorum](#).

Need this information in an accessible format?  
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Document disponible en français en contactant [info@OntarioHealth.ca](mailto:info@OntarioHealth.ca)

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