

**SENIORS WELLNESS GROUP OF MICHIGAN  
DECISION-MAKING ALGORITHM – USE OF ATYPICAL ANTIPSYCHOTIC DRUG TREATMENT  
FOR AGITATED BEHAVIOR ASSOCIATED WITH DEMENTIA**

1. Dementia with associated Psychotic Symptoms or “Agitated Behavior.” Yes
  
2. Evaluation of Agitated Behavior (circle all that apply):
  - A. Verbally Non-Aggressive – complaining, negativism, repetitive sentences or questions, constant unwarranted requests for attention or help.
  - B. Physically Non-Aggressive – repetitious mannerisms, inappropriate dressing or Undressing, eating inappropriate substances, handles things inappropriately, pacing/aimless wandering, falls intentionally, restlessness/fidgety/”can’t sit still”, tries to get out of doors inappropriately, sneaks out or inappropriately enters other places, hoarding things, hiding objects.
  - C. Verbally Aggressive – cursing, verbally threatening or insulting, making strange noises (laughing, moaning, crying), verbal sexual advances (e.g., sexual propositions, innuendo, or “dirty talk”), screaming, shouting, howling.
  - D. **Physically Aggressive –**
    - i) physical sexual advances (e.g., exposing genitals, inappropriate masturbation), tears or destroys objects or property, grabbing/clinging on others, grabbing/snatching things from others, aimless spitting;
    - ii) **hurting self or others by using a harmful object, hitting others/self/objects, kicking (striking forcefully with feet at people or objects), biting self or others, scratching self or others, pushing others, spitting at others.**
  
3. Evaluation of Psychosis
  - A. Presence of Delusions or Hallucinations. Yes No
  
4. Evaluation of Frequency & Severity:
  - A. Behavior occurred 2 or more times in the last 7 days or generally occurs several times per Week. Yes No
  - B. Behavior is very stressful or distressing to the resident or is very difficult or impossible to control or change, or
  - C. Behavior is very upsetting to others and disruptive of the work routine of staff or the everyday activities of other residents, results in a major time infringement or requires significant time usually devoted to other residents or activities, or
  - D. Behavior prevents staff from providing necessary care or treatment that consequently jeopardizes the health and well-being of the resident. Yes No
  
5. “Agitated Behavior” includes objectively defined behaviors under #2Dii or is Positive for Psychotic Symptoms #3 and Both Endorsements under #4 are Affirmative. Yes No

**If YES, the use of an Atypical Antipsychotic Drug can be considered first-line intervention and necessary and make referral to Psychologist for behavior management plan.**

If NO and above criteria are not met, defer start of AAP drug intervention, consider a trial of alternative psychotropic drug intervention, and make referral to psychologist for evaluation and development of a behavior management plan.
  
6. If AAP is first-line intervention, provide and obtain Informed Consent from medical decision-maker of resident.
 

CONSENT RECEIVED Yes No

If YES, proceed with AAP intervention.

If NO, document reason treatment was declined, document and verbally report alternative plan of care to DON/ADON and/or DSS.