

A silhouette of a lighthouse on a cliff overlooking the ocean under a cloudy sky. The lighthouse is on the left side of the image, with its light glowing.

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HEALTH

VOLUME XIV

# Home Health Aide On-the-Go In-service



LESSONS



VOLUME XIV

# Home Health Aide On-the-Go In-service

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LESSON BINDER



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# Home Health Aide On-the-Go In-service

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## Agitation

VOLUME XIV, ISSUE 1

Faith Williams, BS, RN

**HCPPro**  
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## OBJECTIVES

Upon completion of this program, the home health aide (HHA) will be able to:

- Define patient agitation
- Recognize the signs of agitation and possible causes
- Implement methods to reduce a patient’s agitation
- Identify methods to increase patient and HHA safety during violent episodes
- Document episodes of agitation accurately

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## OVERVIEW

For the most part, home health patients are pleasant and welcoming to the presence of HHAs and are eager to do what it takes to get better. Occasionally, however, the HHA will experience a conflict due to behavioral issues with the patient. A patient may be having a hard time learning to live with a disease or adjusting to the lifestyle changes an injury or disease requires. The patient may take out these frustrations on the caregiver. Or the patient may be suffering from a disease in which agitation is a symptom. The patient may be resistant or irritated and even, at times, aggressive.

Instead of reacting negatively and making the situation worse, the HHA can use techniques to de-escalate the patient’s excited and irritated mood in an attempt to avoid a worsening and possibly dangerous situation.

Understanding the potential causes of agitation helps HHAs know how to respond effectively.

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## CONTENT

Read the lesson	20 minutes	Complete the posttest	15 minutes
Read the case study	5 minutes	Feedback session	10 minutes
Complete “Think About It”	10 minutes		

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## SUPPLEMENTAL LEARNING ACTIVITIES

- Arrange for a social worker to provide additional in-service information on what local resources may be available for families of patients who suffer from agitation.
- Provide patient/caregiver scenarios to participants. Participants can role-play, with one participant being the agitated patient and another the HHA. Include in the scenarios some common behaviors seen in agitated patients, as well as adaptive measures needed in their care.

- Lead a group discussion among the participants about their experiences in working with agitated or difficult patients.
  - Role-play to learn how to calm a combative situation. Give examples of situations that call into question the patient's rights vs. the caregiver's safety.
  - Have an HHA discuss an agitated patient with his or her supervisor or during a team conference. As clearly as possible, have the HHA explain in detail exactly what behavior he or she finds unacceptable. Brainstorm techniques for that specific patient. Anger, fear, and concern about making the situation worse are legitimate feelings for HHAs to have. Aides should tell their supervisor about these feelings and ask for advice on how to improve the situation.
  - Visit the Occupational Safety and Health Administration's website at [www.osha.gov](http://www.osha.gov). There are instructional videos and print documents available regarding workplace safety.
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### POSTTEST ANSWERS

1. b
2. d
3. d
4. c
5. c
6. d
7. a
8. c
9. d
10. c

**INSTRUCTOR'S LOG**

DATE / TIME / PLACE

Attachments

Participation Record  Posttest  Handouts  Other

\_\_\_\_\_, RN



## FACTS

Agitation in patients can occur for a multitude of reasons. Whatever the cause, it's important to realize the potential for a patient's agitation to become more serious. Understanding the source of agitation is necessary to try to help the patient and yourself. Less agitated patients are easier to care for and therefore receive better care. A very agitated patient also has the potential to become violent, so easing the patient's mood is beneficial to you and others around the patient. You might not always be able to achieve this goal, but there are strategies to help try to prevent severe agitation.

## WHAT IS AGITATION?

For various reasons, sometimes patients become agitated. Agitation is defined as being unusually excited or disturbed, or both. A patient who is agitated may be irritated, uncomfortable, upset, disorderly, rowdy, disruptive, or loud. Agitation usually has a cause and is not simply a bad mood. A patient who is agitated might become difficult to care for; he or she may refuse to take medication, eat, or even listen to instructions. Often, finding the source and solving or addressing it before moving on to patient care is necessary. If the agitation cannot be managed completely, methods to avoid making a situation worse should be taken.

Agitation can lead to verbal or physical outbursts. For the HHA's safety, it's important to understand how to deescalate any aggression and avoid a dangerous situation.

## SIGNS AND CAUSES OF AGITATION

**Medication** can sometimes cause agitation. Medications such as benzodiazepines, beta-blockers, selective serotonin reuptake inhibitors, neuroleptics, and diphenhydramine can cause problems. Certain **medication interactions** might also cause agitation. It's important that an HHA recognize that agitation may be caused by medication, because an HHA can alert the nurse or physician to the agitation, and they maybe be able to help fix the problem by changing medication.

## Key Terms to Aid Your Understanding

### Agitation

The state of being excited, disturbed, or irritated.

### Dementia

A progressive brain disorder, which results in the inability to care for oneself. Many diseases and/or injuries result in dementia, the most common being Alzheimer's disease.

### Delirium

Confusion and a rapidly altering mental state are symptoms of delirium. The person may also be disoriented, drowsy, or incoherent and may exhibit personality changes. Delirium is usually caused by a treatable physical or psychiatric illness, such as poisoning or infections. Patients with delirium often make a full recovery after the underlying illness is treated.

### Hallucination

An experience involving the apparent perception of something not present.

### Supportive environment

An environment in which there is encouragement and opportunities for physical and mental activities and social interaction. Helping to create a supportive environment can help ease many symptoms of the patient with dementia, including agitation.

Patients suffering from **dementia** or **delirium** could demonstrate anger over which they have no control. The term *dementia* describes a group of symptoms caused by changes in brain function. Dementia is a progressive brain disorder that results in the inability to care for oneself. Many diseases and/or injuries result in dementia, the most common being Alzheimer's disease. Each type of dementia has its own set of signs and symptoms, which uniquely affect the brain.

Some of the major dementia symptoms include asking the same questions repeatedly; becoming lost in familiar places; not being able to follow directions; disorientation about time, people, and places; and neglecting personal safety, hygiene, and nutrition. People with dementia lose their abilities at different rates. It is a slow, progressive disease that normally starts with mild memory problems and ends with severe brain damage.

People with dementia may become angry or upset fast—changing moods very quickly, from laughing one minute to crying the next, or experiencing sudden outbursts that are like temper tantrums. They may become confused about the events happening around them and become agitated and aggressive because of what they believe is happening; for example, a patient may become aggressive toward her son, whom she thinks has come to rob her. Symptoms such as delusions can cause patients to not trust others. They may become angry for little reason.

**Mental illness** may also cause agitation. HHAs should always know if their patient has been diagnosed with a mental illness.

A patient may also be rational without cognitive decline and still become agitated. These patients may have been recently diagnosed with a chronic, debilitating illness, such as multiple sclerosis, Parkinson's disease, or rheumatoid arthritis. Patients cannot do what they have always done for themselves. They must depend on others. Life is changing, and the most mild-mannered person can be calm one minute and shout the next. He or she could be angry or experiencing chronic pain.

The patient may be ill or recovering from a disease process or surgical procedure. He or she may be in pain or have symptoms that are causing discomfort. The patient may be scared and feel as though he or she is losing control of his or her health. The stress of being diagnosed with a disease, or the lifestyle changes the disease requires, may be overwhelming. All of these circumstances can cause patients to display rude, angry, aggressive, withdrawn, or even combative behavior.

**Short-term memory loss** is common in elderly patients with chronic illness. This causes patients to feel threatened when they can't remember. An angry response "puts off" another person, protecting the patient. If your patient becomes violent, do nothing to further provoke him. Sometimes it helps to step back from extreme agitation and allow a few minutes to pass. Sometimes distraction works. Sometimes nothing works.

Since you spend a great amount of time with patients and see them often, you may be the first to see symptoms and changes in condition that may indicate serious problems. Aggression, withdrawal, or other behavioral changes could indicate a worsening condition in the patient. Report these changes to your supervisor, even if they don't seem significant.

### **Physiological signs of anger**

Anger can be a reaction of an agitated patient. People who become angry undergo changes in the way their bodies function. These are known as physiological changes. Angry people may experience rapid breathing or rapid heart rate, headache, indigestion, nausea, diarrhea, or a flushed face. People who don't deal with their anger may experience sleeplessness and depression.

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### **HOW TO REACT TO AGITATION**

Most times, the patient's difficult behavior may not be intentional or mean, such as when the behavior is caused by medication, chronic disease, or emotions. Try to discover the reason for the behavior and suggest ways to correct it. This is not easy to do, especially if the patient makes providing care more challenging. Remain calm, and give the patient the benefit of the doubt when providing care. Speak softly, give the patient room "to breathe," sit down, and wait for him or her to regroup. Above all, don't react by yelling or becoming physical with the patient. Show patience and understanding and ask why the patient is acting this way. By trying to get to the cause of the behavior and not taking it personally, you can set an example for the patient, which may actually help the patient make improvements.

It is important that you provide your dementia patients who sometimes become agitated with a supportive environment that includes encouragement and opportunities for physical and mental activities and social interaction. These activities help slow cognitive, physical, social, affective, and functional decline. Helping to create a supportive environment can help ease many symptoms patients with dementia experience, including agitation. Create a reliable daily routine with small, easy-to-remember rituals. Promote the patient's existing abilities as much as possible to support his or her self-esteem.

Even if a patient has no known cognitive issues and is agitated, calm communication is important. Ask the patient why he or she is upset or seems irritated. You might ask what you can do to help the patient feel better or more comfortable. Discomfort, including hunger, thirst, physical pain, and a lack of sleep, can add to agitation.

### **Good patient communication techniques**

- Listen and try to understand. The most important part of communicating is listening. When you ask the patient what might be causing the difficult behavior, really listen. Don't assume you know the reason. Repeat back to the patient what you believe you heard the patient say. Try not to interrupt, even if the patient talks slowly or doesn't always make sense.
- Point out common ground. Make sure the patient understands that you both have a common goal: improving the patient's health. Even ask the patient how he or she feels about the care he or she is receiving and how it might be improved.
- Know how to express negative emotions. Don't use blaming statements such as, "You always throw a fit when it's time to eat." Instead, you might say, "I noticed that you sometimes seem uninterested in eating your lunch. Is there something else I could make?"

- Try to understand why the patient is reacting to a situation. You could say to the patient, “You seem upset. Tell me what happened or what you are going through right now.” Never attack the patient personally; instead talk about the behavior and the way it affects your care delivery.

### **Delusions and hallucinations**

A patient with Alzheimer’s disease or dementia may become agitated because of delusions or hallucinations. A delusion is a rapidly altering mental state. The person may also be disoriented, drowsy, or incoherent and may exhibit personality changes. Delirium is usually caused by a treatable physical or psychiatric illness, such as poisoning or infections. A hallucination is an experience involving the apparent perception of something not present. If either of these events are occurring, keep the following in mind:

- Don’t tell patients they are “just imagining things.” Respond by saying something like, “That must be difficult for you.”
  - Maintain a soothing voice and eye contact.
  - Change the subject or distract the patient if possible.
  - Eliminate noises that might increase the confusion. Reduce glares or shadows. Check the placement of mirrors or reflective glass, since they can also be confusing.
  - Approach the patient from the front slowly and get at his level for communication.
- 

### **SAFETY**

An HHA’s safety is important. Each patient has the potential to become agitated. Consider the following when caring for patients:

1. Learn from caregivers and past history. If the cause of past aggressive behavior is known, try to avoid those actions.
2. Carefully observe patients for signs of increasing stress.
3. Plan ahead what sort of distractions might work if the patient shows aggressive behavior.
4. Keep distractions to a minimum. For example, do not have the radio or television on at a loud volume. Avoid lighting that is too bright or too dim.
5. Don’t change the routine.
6. Don’t talk too much or try to do more than one thing at a time.
7. When the patient seems to be upset, speak slowly in a nonirritated and nonthreatening way. For example, if the patient accuses you of stealing his watch, don’t joke or tease about it, or deny taking it. Say something like, “You are worried about your watch. Let’s see if we can find it.”
8. Try to distract the patient. Ask if he wants to sit in the rocking chair for a while or take a short walk in the house. Sometimes a favorite snack can be distracting.

9. If the patient strikes out at you, move back or to the side. Do not move toward the patient. Allow body space so the patient does not feel trapped. Do not lift your arms or suggest that you might strike at the person. Keep eye contact and use clear, calming words. Do not argue with the patient. Stay calm.
10. Do not take accusations, outbursts, or aggression personally.

Sometimes a patient can become verbally or even physically abusive. You do not have to tolerate this behavior. Above all, if you feel threatened or in danger at any time, leave the situation. For example, if a patient with dementia and a history of unpredictable behavior starts swearing, throwing objects at you, or hitting you, take measures to ensure your safety. This will most likely include leaving the patient. Once you do that, however, you still must be concerned about the patient's safety. If you leave a patient's home, you must immediately contact your supervisor and make arrangements.

In home care, HHAs frequently face many types of unusual situations, and they are well known for adjusting. Some situations, however, require a different plan. If you find that a patient's behavior completely prevents you from working well with that person, you may have to request reassignment. This should be a last resort. It may create scheduling concerns for your agency and is something you don't want to make a practice of doing. Make sure you've tried using all that you've learned to deal with the situation first. If you still feel the need for a change, calmly and respectfully discuss the situation with your supervisor.

If a patient's behavior ever affects your ability to provide care, you must report it to your supervisor. Above all, if you ever feel threatened or in danger, leave the home and notify your supervisor immediately.

Tell your supervisor exactly what the difficult person does. This may point out a pattern so the supervisor can make important changes as necessary.

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## DOCUMENTATION

Documenting agitation is difficult! There are a few important tips that will help you do the best job:

- Always document special requests from the patient, as well as refusals of care. This will give the nurse or supervisor information to help change the care plan if necessary.
- Describe the situation without "labeling" it. Be as specific as possible by documenting the patient's own words, although it is not necessary to fully document profanity:

Instead of documenting:

*When I offered a choice of a turkey sandwich or tuna fish, Mr. Jenkins became nasty and difficult. He swore at me.*

A better way is:

*When I offered a choice of a turkey sandwich or tuna fish, Mr. Jenkins threw the vase across the room, began to cry, and stated he did not care which "sh\*\*\*\* sandwich" he ate.*

- The first example is too general and shows only the HHA's opinion about the patient's behavior. The second example offers facts and allows anyone reading it to get a better picture of exactly how the patient acted.
- Document any discussions you have with the case manager or your supervisor, and include the time you had the discussion or reported the problem.

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## **OUTCOMES AND THE HHA**

By creating a stable and comfortable environment for the patient, the HHA may reduce the number of episodes in which a patient is agitated. The HHA can also alert the nurse or physician to potential dementia or adverse medication side effects or interactions that are shown in part through agitation. The HHA can often prevent an agitated patient from becoming aggressive by using the right skills and communication methods. The less agitated a patient is, the more he or she will be compliant with care, and the healthier their environment will be.

As you've learned about caring for difficult patients and dealing with behavior problems, you've probably realized that these situations make it hard to provide care. When such situations continue without correction, it's possible that the patient will not be able to reach the goals of care. The patient may ask to be discharged, or the nurse or therapist may decide that the goals cannot be met and will plan to discharge the patient. In either case, there's a strong possibility that the result (outcome) of care will not be as good as it could be.

Using good communication techniques is probably the most important way you can help all patients make progress, especially those with behavior problems. Try using the techniques with your patients, and follow through with communication to your supervisor and other clinicians. You may be able to calm or change a situation, allowing the patient to accept appropriate care. "Good outcomes" are the result of appropriate care.

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## **CMS' EXPECTATIONS**

As a result of the Outcome and Assessment Information Set (OASIS), the Centers for Medicare & Medicaid Services (CMS) reviews the quality outcomes and processes regarding the care an HHA provides. It also reviews potentially avoidable events. It expects that HHAs will use the information available for their quality improvement programs. CMS expects an agency's quality improvement to take a multidisciplinary approach in meeting and improving the care needs of its patients.

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## **HOME HEALTH QUALITY INITIATIVE**

### **Home Health Services**

Home health is a covered service under the Part A Medicare benefit. It consists of part-time, medically necessary skilled care (nursing, physical therapy, occupational therapy, and speech-language therapy) that is ordered by a physician.

In 2010, there were over 10,800 Medicare certified home health agencies throughout the United States. In 2010, 3,446,057 beneficiaries were served, and 122,578,603 visits were made.

### Home Health Quality Goals

Quality healthcare for people with Medicare is a high priority for the Department of Health and Human Services and CMS.

CMS has adopted the mission of the Institute of Medicine, which has defined quality as having the following properties or domains:

- **Effectiveness:** relates to providing care processes and achieving outcomes as supported by scientific evidence.
- **Efficiency:** relates to maximizing the quality of a comparable unit of healthcare delivered or unit of health benefit achieved for a given unit of healthcare resources used.
- **Equity:** relates to providing healthcare of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- **Patient-centeredness:** relates to meeting patients' needs and preferences and providing education and support.
- **Safety:** relates to actual or potential bodily harm.
- **Timeliness:** relates to obtaining needed care while minimizing delays.

### Reporting Home Health Quality using OASIS Data

The instrument/data-collection tool used to collect and report performance data by home health agencies is called the OASIS. Since 1999, CMS has required Medicare-certified home health agencies to collect and transmit OASIS data for all adult patients whose care is reimbursed by Medicare and Medicaid with the exception of patients receiving pre- or post-natal services only. OASIS data are used for multiple purposes, including calculating several types of quality reports that are provided to home health agencies to help guide quality and performance improvement efforts.

Beginning in January 2010, home health agencies have been required to collect a revised version of the OASIS data set (OASIS-C). OASIS-C includes data items supporting measurement of rates for use of specific evidence-based care processes. From a national policy perspective, CMS anticipates that these process measures will promote the use of best practices across the home health industry.

### Quality Reporting on the Home Health Compare Website

Since fall 2003, CMS has posted a subset of OASIS-based quality performance information on the Medicare.gov website "Home Health Compare" (see link below). These publicly reported measures include outcome measures, which indicate how well home health agencies assist their patients in regaining or maintaining their ability to function, and process measures, which evaluate the rate of home health agency use of specific evidence-based processes of care.

### Case Study

Tammy has been caring for Mr. Schwartz for a few months. Tammy is aware that Mr. Schwartz is starting to show signs of dementia. Tammy goes to his house to help feed and bathe him. Mr. Schwartz has chronic obstructive pulmonary disease and finds it difficult to get around without losing his breath.

When Tammy arrives, Mr. Schwartz is in bed. She greets him and he smiles back at her. She lets him know that today he'll be taking a bath and asks if that's okay with him. He agrees, and Tammy begins to help him out of bed. Tammy takes it slow, as she knows Mr. Schwartz needs time to catch his breath in between movements.

Once Mr. Schwartz is in the bathtub, Tammy grabs a sponge and turns on the vent in the bathroom. Mr. Schwartz seems to be bothered by the sound of the vent and is very distracted by it. When Tammy goes to clean him with the sponge, Mr. Schwartz becomes more upset. He is moving around more than usual, splashing, and making sounds, and his face is flushed. The longer he's in the bath, the harder it becomes for Tammy to care for him, but Tammy wants to finish the bath and tries to continue, telling him loudly to sit still. Done with the bath, Tammy reaches up for the towel, pulling it hard to get it off the rack, and it whips around. Mr. Schwartz starts screaming and swearing and throws the wet sponge at her, then turns his back to her.

Tammy knows she needs to get him out of the bath but is worried about his state. Instead of stooping over him in the tub, she keeps her distance and gets on her knees to be on his level. She tries to use a soothing voice and says, "I don't think you are enjoying your bath today. You seem upset. What's the matter?" Mr. Schwartz doesn't answer and seems to be pouting. Tammy asks if it would be okay if she helps him out of the bathtub so he can get comfortable again in his bed. Mr. Schwartz nods yes. Tammy slowly approaches him, telling him what she's doing as she does it, such as, "I'm going to put my arm around you to help you out, is that okay?" and waits for a nod.

Back in bed, Mr. Schwartz seems much happier and is cooperating. Tammy knows she should document that outburst, so she writes that "Mr. Schwartz became very upset when taking a bath today."

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### THINK ABOUT IT

1. What are some things Tammy could have done differently to help prevent further agitation?
2. What are some of the things Tammy did to help manage the situation?
3. Was Tammy's documentation adequate? If not, how could it be improved?
4. What else should Tammy do to help everyone, including Mr. Schwartz's family members, be safe?
5. Is it possible Mr. Schwartz was having a delusion or hallucination?

As a caregiver, you need to always evaluate each individual and each situation as unique. Each person is different in his or her response to changes in his or her environment. The responses may be different from day to day, or even minute to minute. You will always be challenged to be creative in providing the right balance of control and structure. Your ability to do this helps the patient to be more functional and promotes his or her own feeling of independence. The patient is less likely to be negative and destructive if he or she is in a familiar, relaxing space. In home care, you have a very unique and rewarding opportunity to use your creative abilities to maintain and treat your patients with the respect they deserve as human beings. The next time you find yourself frustrated and tempted to brush a difficult patient aside, think of how you would want to be treated.

**POSTTEST**

**Directions:** Read each question carefully and choose the best answer. Check the corresponding box on your answer sheet. Please do not write on this post-test.

1. What is agitation?

- a. A progressive brain disorder, which results in the inability to care for oneself
- b. The state of being excited, disturbed, or irritated
- c. An experience involving the apparent perception of something not present
- d. A calm, almost serene state of mind

2. Which of the following are possible causes of agitation?

- a. Mental illness
- b. Declining health
- c. Medication side effects
- d. All of the above

3. What can often further agitate a person?

- a. A calm, soothing voice
- b. Yelling
- c. Discomfort
- d. Both b and c

4. What are some ways to create a supportive environment?
- a. Routinely making changes to the patient's schedule
  - b. Providing the patient an activity the patient finds very challenging
  - c. Creating opportunities for physical and mental activities and social interaction
  - d. Keeping the patient in bed
5. Which of the following is a good communication technique?
- a. Expressing negative emotions
  - b. Attacking the patient personally
  - c. Pointing out common ground, such as that you and the patient both want the patient to feel better
  - d. Telling a patient he or she is imagining things
6. What are some of the things an HHA can do to reduce agitation in a delusional or hallucinating patient?
- a. Eliminate noises
  - b. Reduce glares and shadows
  - c. Check the placement of mirrors and where they are reflecting light
  - d. All of the above
7. If a patient strikes out at you, what should you do?
- a. Move back or to the side
  - b. Move toward the patient
  - c. Lift your arms
  - d. Argue with the patient

8. If you find that a patient's behavior is routinely preventing care, what should you do?
- a. Keep visiting and documenting that care was prevented by the patient
  - b. Complain to your coworkers
  - c. Speak with your supervisor, and possibly request a reassignment
  - d. Nothing
9. A patient became so agitated the other day that he threw his bottle of pills back at you when you let him know it was time to take his medication. How would you best document that interaction?
- a. "Patient would not take his pills."
  - b. "Patient was upset."
  - c. "Patient was upset and would not take his pills."
  - d. "Patient become agitated and threw his bottle of pills instead of taking them."
10. When a patient is delusional from having a hallucination, you should:
- a. Leave
  - b. Leave them alone
  - c. Maintain a soothing voice and eye contact
  - d. Tell them to snap out of it

**MULTIPLE CHOICE ANSWER SHEET**

- |     |                            |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|
| 1.  | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
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| 10. | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |

**INSTRUCTOR'S COMMENTS/SIGNATURE**

Signature \_\_\_\_\_, RN      Date \_\_\_\_\_

# Home Health Aide Record

This is to certify that

\_\_\_\_\_ has successfully completed the in-service program for home health aides titled,

This training included \_\_\_\_\_ hours of instruction and testing.



INSTRUCTOR:

DATE:

VOLUME XIV

# Home Health Aide On-the-Go In-service

Clear, flexible training for self-study or the classroom

Every year, home health aides must satisfy 12 hours of in-service training. With today's irregular, part-time schedules, making sure they complete their required in-services can be a never-ending chore. Now you can satisfy Medicare's annual 12-hour aide in-service requirement without bringing your staff into the office for training.

Lessons are authoritative and comprehensive, yet easy to understand. Each focuses on a critical issue in home health care.

Each lesson includes:

- One hour of study using a concisely written fact sheet explaining an important homecare-specific topic
- Suggested supplemental learning activities
- A descriptive homecare-specific case study
- A print and electronic 10-question posttest to measure aides' understanding and validate their comprehension of the subject matter
- An attendance log and certificate of completion to document staff training hours

Volume XIV explores the following topics:

- Agitation
- Chronic Conditions
- Diabetes and Insulin
- Dyspnea
- HIV
- Joint Surgery
- Medication Management and Compliance
- OSHA
- Safety in the Community
- Stop the Spread: Infection Control
- Staff Stress Management
- Wound Care

## Also of interest ...

- *Home Health Aide On-the-Go In-service*, Volumes I–XIII
- *Home Health Aide In-service Training Videos* (22 available individually or as a set)
- *40 Essential In-Services for Home Health: Lesson Plans and Self-Study Guides for Aides and Nurses*

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