Case presentation for discussion:

This case is based on real experiences. It is not the presentation of a specific individual The resident is a 72 y/o WM with a history of severe dementia and significant behaviors. He is a resident in a dementia care unit which is a controlled environment with 20 other patients with various stages of dementia. He is active and ambulates all over the facility. He often walks into other residents' rooms and can be very intrusive. He seems to choose another resident at random to follow around in an attempt to befriend this resident. However, his presence is typically more of an invasion of personal space than is comfortable for most people. He has had two instances of alleged sexual behaviors toward other residents in the past, but this behavior has not been recurrent. Some behaviors have included apparent attempts to care-take for other residents who remind him of his wife, who he cared for when she was wheelchair bound. Because of his intrusiveness, he has been involved in many altercations with other residents who find his constant proximity presence threatening. He is generally not physically aggressive, but he often creates situations where other residents will physically lash out at him, and he then defends himself. Traditional interventions have largely been ineffective with the exception of 24×7 one-on-one supervision.

Potential Questions:

1. How do you balance this patient's autonomy with the other resident's autonomy?
2. A 24/7 sitter for this patient is not a financially feasible long-term solution. Should it be?
3. Given staffing shortages and ratios, what is the justice to other residents and staff of allocating a full time sitter?
4. Dementia patients in a dementia unit with similar behaviors can generate multiple abuse episodes per day. This requires state reporting, police reporting, care plan updates, etc…. Is this really the intent of the abuse regulations?