Alberta Health Services **CALGARY ZONE** Edited April 2011

Health Record Number: Client Label
Paris ID: DOB: yyyy/mon/dd
Last Name: First Name:
PHN: Gender: Age:
Phone (H): Phone (C):
Referring Physician: (Last Name, First Name)

BEHAVIOUR AND SYMPTOM MAPPING TOOL (BSMT)
STEP 1: SCREENING RECORD (COMPLETE 1X ONLY)

A. INITIAL SCREEN — Complete EVERY box Yes (Y) or No (N)

	RULE OUT OTHER CAUSES		NON-DRUG INTERVENTIONS TRIED	
Clinical	Pain		1:1 Time	
	Constipation		Distraction	
	Drug Interactions		Consistent Caregivers / Predictable Routine	
	Depression		One Step Easy to Follow Directions	
	Chronic Illness – Loss of control		Flexible Routine PRN / Reapproach Later	
	Urinary Retention		Eye Contact	
	Vision/Hearing Impairment		Calm / Slow Approach / Allow Time to Respond	
	Active Infection		Reassurance / Frequent Praise	
	Sleep Disorder		Decrease Stimulation (e.g. TV / Noise / Activity)	
Environmental	Too Hot or Cold		Quiet Space / Privacy	
	Change in Routine		Music / Pet Therapy	
	Boredom / Lack of Meaningful Activities		Reminisce	
	Changed Room / Roommate		***Comments about interventions tried*** *(must be completed):*	
	Lighting Levels / Noise			
	Other *(please describe):*			

B. DEFINE AND DESCRIBE BEHAVIOUR — Complete EVERY box Yes (Y) or No (N)

WILL NOT RESPOND TO ANTIPSYCHOTICS

Hoarding		Resist Care		Indifference to Surroundings	
Wandering		Insomnia		Fidgeting or Nervous	
Poor Self Care		Impaired Memory		Inappropriate Elimination	
Unsocial / Inappropriate vocalization					

MAY RESPOND TO ANTIPSYCHOTICS

Delusions		Aggression		Anxiety		Agitation	
Theft		Grabbing / Hitting		Negative Attitude		Elopement Attempts	
Paranoia		Biting / Spitting		Repetitive Questions		Constant Requests	
False Beliefs		Swearing / Screaming		Tearful / Guilt		Interfering Behaviour	
		Temper outbursts		Restless/Unsettled		Pacing	
Hallucinations		Sexually Aggressive		Sleep Pattern		Shadowing	
Hearing Things		***Describe behaviours*** *(must be completed):*					
Seeing Things							
Sensory / Picking							

PROFESSIONAL NURSE SIGNATURE _____ **DATE:** _____

C. DECISION MAKING

Complete EVERY box Yes (Y) or No (N)

MEDICAL RISKS & CONSIDERATIONS	
Pre-existing Parkinson's	
Movement Disorder	
Present Use of CNS depressants	
Present Use of Cholinesterase Inhibitors	
Potential for Lewy Body Dementia	
History of CVA	
Potential for CVA	
Significant Risk of Hemodynamic Instability	
Severe Co-morbidity (heart, lung, liver, kidney)	
Other *(Please describe):*	

If Medication has been prescribed as a Behaviour management intervention

In agreement with proposed treatment: ☐ Yes ☐ No

Discussed with: _____
(resident/ family/ guardian)

Discussions included: ☐ Indication for Use ☐ Side Effects ☐ Efficacy and Expected Outcomes ☐ Assessment and Monitoring

Date: _____

Signed: _____
(Physician/Prescriber signature)

INSTRUCTIONS FOR COMPLETION OF THE BSMT FORM

Antipsychotic medications are used to treat a variety of symptoms in psychotic disorders, delusional depression and dementia. In order to identify a change, close monitoring and documentation of behaviors is needed before and during use. Since these medications are not free of side effects, it is important to review the inventory of target behaviors prior to commencing the medication and on a regular basis after the drug treatment is initiated.

Step 1: Initial Screen

EVERY box on the BSMT must be completed with either a "**Y**" for yes or "**N**" for no. Absence of documentation (empty boxes) can not be interpreted making review and evaluation of behaviour extremely difficult

Section A must be completed for every client as part of a screening process. It is a tool to identify patients suitable to receive antipsychotics and documentation of that decision making process.

***Note*:** For new admissions already on antipsychotic agents, start with Step 1 then skipping to Step 3. Current residents should have Step 1 completed to establish a base line for behaviours.

1. ***Rule Out Other Causes:*** Any of these clinical or environmental causes may be contributing to the behaviors and can likely be managed by other means than drug therapy. Review any identified possible causes to determine if applicable in this situation. Check yes if symptom is present and no if it is not. Further documentation may be necessary and should be included in the resident's health record.

2. ***Non-Drug Interventions***. Due to risk of complications of medication, behavioural interventions should always be trialed completely and consistently prior to the consideration of any medicinal interventions. Document responses in comments section.

Section B: Define and Describe Behaviour

This section is to guide the health care professional in deciding if the behaviour may or may not be treatable with medication. A clear understanding of behaviour will facilitate this process.

1. *WILL NOT RESPOND To Antipsychotics*. Medications have often been prescribed to manage behaviours for which it may have little or no effect.

2. *MAY Respond to Antipsychotics*. In addition to indicating which behaviours are occurring, a narrative description is required to further ensure that the medication is being considered for the appropriate reason and could be feasibly managed by medication.

Section C: Decision Making – Should be completed by the Physician

Medical Risks & Considerations. This section is designed to trigger a review of any medical condition(s) that may increase the risk of adverse events for the patient. The prescriber, upon reviewing the existing medical conditions will determine if the risks preclude the use of antipsychotics.

Due to the potential for significant adverse effects, clear documentation of consent is required. Discussions surrounding usage should occur between the physician and resident/family. It is likely that this section may be completed at a later date than the initial screen once a more thorough assessment has been completed. The assessment data will likely include the initial behaviour mapping.

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BEHAVIOUR AND SYMPTOM MAPPING TOOL (BSMT)

STEP 2: Assessment Prior to Medication

Identify up to three difficult behaviours encountered with the resident in providing care

A. AGITATION ☐ _____ C. ANXIETY ☐ _____
B. AGGRESSION ☐ _____ D. HALLUCINATIONS ☐ _____
E. DELUSIONS ☐ _____

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PART A: BEHAVIOURS-ASSESSMENT PRIOR TO MEDICATION

	DATE	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	COMMENTS
WEEK ONE																										
																										WEIGHT _____
WEEK TWO																										
																										WEIGHT_____

PART B: BASELINE STATUS - PLACE A CHECK MARK IN THE BOXES OF THE SYMPTOMS THAT ARE PRESENT PRIOR TO STARTING THE MEDICATION

- ☐ **TARDIVE DYSKINESIA** (e.g., involuntary movements, lip smacking, tongue thrust, grimace)
- ☐ **DYSTONIA** (e.g., leaning, spasms, twitches)
- ☐ **EXTRAPYRAMIDAL SYMPTOMS** (e.g., tremors, drooling, cogwheeling)
- ☐ **AGITATION**
- ☐ **CEREBRAL VASCULAR ACCIDENT / TIA**
- ☐ **DROWSINESS / SEDATION**
- ☐ **EXCESSIVE OR UNECESSARY DISABILITY** (e.g., decline in function)
- ☐ **CONFUSION**
- ☐ **DRY MOUTH**
- ☐ **FALLS**
- ☐ **ORTHOSTATIC HYPOTENSION**
- ☐ **CONSTIPATION**
- ☐ **DEHYDRATION**
- ☐ **WEIGHT GAIN** (weight weekly in kg.) _____

COMMENTS:

PROFESSIONAL NURSE REVIEW _____ (signature) DATE: _____

PHYSICIAN/PRESCRIBER REVIEW _____ (signature) DATE: _____

PHARMACIST REVIEW _____ (signature) DATE: _____

INSTRUCTIONS FOR COMPLETION OF THE BSMT FORM

STEP 2: Assessment Prior to Medication

It is strongly recommended that two weeks of behavior mapping be documented **prior to initiating any drug therapy** to serve as a baseline. Mapping should be initiated by nursing upon identification of a behavioural concern in order to facilitate any required treatment regimes.

Step 2 mapping is divided into two sections:

1. ***Behaviours.*** Identify the behaviours that may respond to antipsychotic medication and describe how it appears for that resident. Document observed behaviours by putting the letter of the behaviour on the form during the appropriate time period. Boxes are left blank if there are no behaviours. Place any comments in the comments section.

2. ***Baseline status:*** Observe resident for any of the describe symptoms noted by placing a check mark in the appropriate boxes. The comment sections may be used to record additional assessment information necessary to describe dates or times symptoms occurred.

***Note*: Resident and staff safety should not be compromised in order to complete two weeks of behaviour mapping if initiation of medication sooner is clinically indicated. In this situation, at least one week of Step 2 should be completed retrospectively while proceeding with Step 3**

After two weeks of behavior mapping, the situation will be reviewed by the physician to determine if the presenting behaviors are still within the treatment parameters and the plan for initiating drug therapy should go forth. A section has been designated for the professional nurse, the physician and pharmacist to sign after reviewing. This review of the data at the end of the initial two weeks may occur via fax, phone, or in person. If professional nurses discuss with physician/pharmacist by phone nurse may document as discussed, sign for physician/pharmacist and sign nurse's name.

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BEHAVIOUR AND SYMPTOM MAPPING TOOL (BSMT)

STEP 3: ASSESSMENT RESPONSE TO MEDICATION

Identify up to three difficult behaviours encountered with the resident in providing care

A. AGITATION ☐ _____ C. ANXIETY ☐ _____
B. AGGRESSION ☐ _____ D. HALLUCINATIONS ☐ _____
E. DELUSIONS ☐ _____

PART A: BEHAVIOURS-ASSESSMENT RESPONSE TO MEDICATION

	DATE	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	COMMENTS
WEEK ONE																										
																										WEIGHT_____
WEEK TWO																										
																										WEIGHT_____

PART B: BASELINE STATUS

Important Side Effects (NEW or INCREASED **after** starting medication or changing dose) *** Report to Physician

- ☐ **TARDIVE DYSKINESIA** (e.g., involuntary movements, lip smacking, tongue thrust, grimace)
- ☐ **DYSTONIA** (e.g., leaning, spasms, twitches)
- ☐ **EXTRAPYRAMIDAL SYMPTOMS** (e.g., tremors, drooling, cogwheeling)
- ☐ **AGITATION**
- ☐ **CEREBRAL VASCULAR ACCIDENT / TIA**
- ☐ **DROWSINESS / SEDATION**
- ☐ **EXCESSIVE OR UNECESSARY DISABILITY** (e.g., decline in function)
- ☐ **CONFUSION**
- ☐ **DRY MOUTH**
- ☐ **FALLS**
- ☐ **ORTHOSTATIC HYPOTENSION**
- ☐ **CONSTIPATION**
- ☐ **DEHYDRATION**
- ☐ **WEIGHT GAIN** (weight weekly in kg.) _____

COMMENTS:

PROFESSIONAL NURSE REVIEW _____ (signature) DATE: _____

PHYSICIAN/PRESCRIBER REVIEW _____ (signature) DATE: _____

PHARMACIST REVIEW _____ (signature) DATE: _____

INSTRUCTIONS FOR COMPLETION OF THE BSMT FORM

STEP 3: Assessment Response to Medication

The purpose of this step is to document an ongoing assessment of the patient **following the commencement of drug therapy**. Step 3 mapping should commence as soon as any drug therapy has begun and continue daily for a minimum of 2 weeks or longer as further medication adjustments are made, until the behavior is resolved or drug therapy is deemed ineffective.

Step 3 is divided into two sections.

1. ***Behaviours.*** Identify the behaviours that may respond to antipsychotic medication and describe how it appears for that resident. Document observed behaviours by putting the letter of the behaviour on the form during the appropriate time period. Boxes are left blank if there are no behaviours. Place any comments in the comments section.

2. ***Baseline status:*** Observe resident for new or increased side effects after staring the medication and note by placing a check mark in the appropriate boxes.

***Note*: An observed change in any of these side effects should be reported to physician.**

The attending physician or prescriber, professional nurse and clinical pharmacist will review the behavior mapping and clinically assess the effectiveness of the drug therapy to determine if this drug therapy will be continued. If professional nurses discuss with physician/pharmacist by phone nurse may document as discussed, sign for physician/pharmacist and sign nurse's name.

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Behaviour and Symptom Mapping Tool (BSMT)

STEP 4: MONTHLY MAINENTANCE RECORD

MONITOR THE FREQUENCY OF TARGETED BEHAVIOURS. DOCUMENT USING THE SCORE THAT 'BEST' REFLECTS THE FREQUENCY OF BEHAVIOURS IN EACH THIRTY (30) DAY PERIOD.

Enter a Number into EVERY Box "0 -4"	0 Behaviour / side effect not present 1 Behaviour / side effect presently only once 2 Behaviour / side effect present more than once but less than every day 3 Behaviour / side effect present daily 4 Behaviour / side effect present more than once every day	For significant changes in behaviours, commence daily mapping using the BSMT **NOTE:** Document assessments of behaviours and /or side effects in progress record.

		MONTH AND YEAR						COMMENTS (DOES NOT REPLACE MPR)
	BEHAVIOURS							
MAY RESPOND TO ANTIPSYCHOTIC MEDICATIONS	**Delusions** (paranoia / bizarre ideas)							
	Hallucinations							
	Aggression (physical / verbal)							
	Anxiety							
	Agitation (interferes with participation in daily activity / constant pacing / argumentative							
	Number of PRNs used							
	REPORTABLE SIDE EFFECTS (CHANGE FROM BASELINE)							
IMPORTANT SIDE EFFECTS (NEW OR INCREASED AFTER STARTING MEDICATION OR CHANGING DOSE) **** REPORT TO PHYSICIAN**	**Tardive Dyskinesia** (e.g., involuntary movements, lip smacking, tongue thrusts, grimace)							
	Extrapyramidal symptoms (e.g., tremors, drooling, cogwheeling)							
	Dystonia (e.g., leaning, spasms, twitches)							
	Agitation							
	Dehydration							
	Drowsiness / Sedation							
	Dry mouth							
	Confusion							
	Excessive or Unnecessary disability (e.g., decline in function)							
	Cerebral Vascular Accident / TIA							
	Falls							
	Orthostatic Hypotension							
	Constipation							
	Weight Gain (weight monthly in kg)							
Initial of	PROFESSIONAL NURSE							
	PHYSICIAN/PRESCRIBER							
	PHARMACIST							

INSTRUCTIONS FOR COMPLETION OF THE BSMT FORM

STEP 4: Maintenance Record

Documentation of the ongoing monitoring is tracked here. This will provide the physician with information to complete the required monthly assessment. This section is a continuation of Step 3 and the items being assessed are exactly the same.

One new item to be measured it the number of PRNs used in the time period being assessed. This shall be entered as a numeric value.

***Note*: The scoring has changed. (It is no longer "Y" or "N")**. It will be scored as behavior that best reflects the frequency of behaviors and side-effects occurring over the 30 days prior to the day being scored.

0 behavior/side effect did not occur.
1 behavior/side effect occurred once.
2 behavior/side effects present more than once but less than every day.
3 behavior/side effects present daily.
4 behavior/side effects present more than once daily.

Enter a numeric value from 0 through 4 in **EVERY** box.

*Documentation of the presence of a particular behavior or side-effect on the BSMT ***does not replace*** regular documentation in the progress record. Complete documentation of assessments is still required. One column should be dated and completed each month.

The BSMT and all other mapping tools used will become part of the patient's / resident's permanent record.