



## Responsive Behaviour Assessment

Use the following to guide team discussions and documentation after behaviours, or near end of shift

### Discussion & Documentation

#### Data

- Describe the behaviour:
  - What did the resident do/say?
  - Where did the behaviour occur?
  - How long did the behaviour last?
  - Who was present when the behaviour occurred?
- What happened just before the behaviour? Was a trigger identified?

#### Action/Response

- Did anything make the behaviour worse? What helped the resident to settle? How long did it take?
- Was there a team discussion after the behaviour? Who attended?

#### Plan

- If triggers were identified, what is the plan to manage them?
- If unmet care needs or other reasons were identified, what is the plan to address them?
- When will the care plan/behaviour next be reviewed?

If reasons for behaviour are not evident from team discussion or behaviour occurs more than once/day, consider hourly behaviour mapping to identify patterns e.g. Modified Dementia Observation System (DOS)

### Possible Reasons for Responsible Behaviours

#### Are there unmet needs?

- Pain (e.g. dental, digestive, headache, arthritis)
- Hunger or thirst/dehydration
- Unable to find/recognize/use the washroom
- Constipation (when was their last BM?)
- Sleep disruption/fatigue
- Vision or hearing impairment (hearing aids, glasses)

#### Are there clinical/biological factors?

- Medication side effects e.g. urinary retention, itchy skin
- Depression/delirium/dementia progression
- Chronic disease management e.g. low blood sugar
- Infection

#### Are there environmental factors?

- Too hot or too cold
- Change in routine/inconsistent routine
- Change in room or roommate
- Too much/not enough noise or light
- Over crowding
- Irritated by others (staff or residents)
- Caregiver approach

#### Are there psychosocial factors?

- Boredom/lack of meaningful activities
- Stress threshold
- Loneliness
- Depression
- Troubled relationships with family/friends

### Behaviours that Typically do **NOT** Respond to Antipsychotic Medication

- Paces, appears upset/fearful, restless, wanders, hoards
- Sleep disturbance, sun downing, sexually aggressive
- Shouts, screams, calls out, curses, threatens, repetitive questions
- Strikes out during personal care, bites, kicks, protective of territory
- Inappropriate: elimination, social or sexual behaviours, dressing/undressing, spitting

*See AUA Toolkit: Appropriate Use of Antipsychotics*