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Affix patient label within this box

Responsive Behaviour Tracking and Assessment Tool

Note: Use information gathered to prompt discussion, notice patterns and look for person-centred interventions

| Note: Use information gathered to prompt discus | 5510 | л, | 1101 | 100 | pa | | 113 | an | un | JUN | 10 | | 5131 | 011- | -11 | CEI | ill C | un | ne | IVC. | muc | ווע |
|--|------|----|------|-----|----|---|-----|----|----|-----|----|---|------|------|-----|-----|-------|----|----|------|-----|-----|
| Date (yyyy-Mon-dd) | | | | | | | | | | | | | | | | | | | | | | |
| Did the resident say or do any of these things this shift? if Yes \checkmark | D | Е | N | D | Е | N | D | Е | N | D | Е | N | D | Е | Е | N | D | Е | N | D | Е | N |
| Wandered - moved without purpose (walking or in wheelchair) | | | | | | | | | | | | | | | | | | | | | | |
| Was it easy to redirect the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Verbally Abusive - Screamed at, threatened or swore at others | | | | | | | | | | | | | | | | | | | | | | |
| Was it easy to redirect the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Physically Abusive - Did or tried to hit, shove, scratch or touch others | | | | | | | | | | | | | | | | | | | | | | |
| Was it easy to redirect the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Socially Inappropriate e.g. disruptive sounds, took clothes off in public, public sexual behaviour, smearing, throwing items, hoarding/ rummaging | | | | | | | | | | | | | | | | | | | | | | |
| Was it easy to redirect the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Resists Care e.g. resisted taking meds, help with ADL's or eating | | | | | | | | | | | | | | | | | | | | | | |
| Was it easy to redirect the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Increased Confusion: believed they are some- where else, talked to someone not present, could not be still, picked at things, tapped repeatedly | | | | | | | | | | | | | | | | | | | | | | |
| Did behaviour continue even though you at- tempted to distract the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Anxiety : Repeated questions e.g. Where do I go? What do I do? <i>(over & over)</i> , fidgeting, wringing hands, walked to and fro | | | | | | | | | | | | | | | | | | | | | | |
| Did behaviour continue even though you attempted to distract the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Called out over and over or repeated words or sounds | | | | | | | | | | | | | | | | | | | | | | |
| Did behaviour continue even though you attempted to distract the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Angry with self or others, or was easily annoyed | | | | | | | | | | | | | | | | | | | | | | |
| Did behaviour continue even though you attempted to distract the resident? | | | | | | | | | | | | | | | | | | | | | | |
| Couldn't sleep | | | | | | | | | | | | | | | | | | | | | | |
| Slept more than usual | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | |
| Behaviours discussed with: RN/LPN/RPN initials. See reverse | | | | | | | | | | | | | | | | | | | | | | |
| Care Provider Initial | | | | | | | | | | | | | | | | | | | | | | |
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Responsive Behaviour Assessment

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

| Discussion & Documentation | Possible Reasons for Responsible Behaviours | | | | |
|--|---|--|--|--|--|
| Data | Are there unmet needs? | | | | |
| 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? | 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? | | | | |
| Action/Response | Medication side effects e.g. urinary retention, itch | | | | |
| 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? | skin Depression/delirium/dementia progression Chronic disease management e.g. low blood sugar Infection | | | | |
| Plan | Are there environmental factors? | | | | |
| 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? | 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) | | | | |
| If reasons for behaviour are not evident from team discussion or behaviour occurs more than once/ | Caregiver approach Are there psychosocial factors? | | | | |
| y, consider hourly behaviour mapping to identify tterns e.g. Modified Dementia Observation System OS) | 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