## Responsive Behaviour Tracking and Assessment Tool

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

<table>
<thead>
<tr>
<th>Date (yyyy-Mon-dd)</th>
<th>D E N D E N D E N D E N D E N D E N D E N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the resident say or do any of these things this shift? If Yes ✓</td>
<td>D E N D E N D E N D E N D E N D E N D E N</td>
</tr>
<tr>
<td><strong>Wandered</strong> - moved without purpose <em>(walking or in wheelchair)</em></td>
<td>Was it easy to redirect the resident?</td>
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<tr>
<td><strong>Verbally Abusive</strong> - Screamed at, threatened or swore at others</td>
<td>Was it easy to redirect the resident?</td>
</tr>
<tr>
<td><strong>Physically Abusive</strong> - Did or tried to hit, shove, scratch or touch others</td>
<td>Was it easy to redirect the resident?</td>
</tr>
<tr>
<td><strong>Socially Inappropriate</strong> e.g. disruptive sounds, took clothes off in public, public sexual behaviour, smearing, throwing items, hoarding/ rummaging</td>
<td>Was it easy to redirect the resident?</td>
</tr>
<tr>
<td><strong>Resists Care</strong> e.g. resisted taking meds, help with ADL’s or eating</td>
<td>Was it easy to redirect the resident?</td>
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<tr>
<td><strong>Increased Confusion:</strong> believed they are somewhere else, talked to someone not present, could not be still, picked at things, tapped repeatedly</td>
<td>Did behaviour continue even though you attempted to distract the resident?</td>
</tr>
<tr>
<td><strong>Anxiety:</strong> Repeated questions e.g. Where do I go? What do I do? <em>(over &amp; over)</em>, fidgeting, wringing hands, walked to and fro</td>
<td>Did behaviour continue even though you attempted to distract the resident?</td>
</tr>
<tr>
<td><strong>Called out</strong> over and over or repeated words or sounds</td>
<td>Did behaviour continue even though you attempted to distract the resident?</td>
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<tr>
<td><strong>Angry</strong> with self or others, or was easily annoyed</td>
<td>Did behaviour continue even though you attempted to distract the resident?</td>
</tr>
<tr>
<td><strong>Couldn’t sleep</strong></td>
<td></td>
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<tr>
<td><strong>Slept more than usual</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
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<tr>
<td><strong>Other</strong></td>
<td></td>
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<tr>
<td>Behaviours discussed with: RN/LPN/RPN initials. See reverse</td>
<td></td>
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<tr>
<td><strong>Care Provider Initial</strong></td>
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</tbody>
</table>
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*