ASSESSMENT OF BEHAVIORS - DATA RETRIEVAL WORKSHEET

Date: _______________ Unit: ________________ Time of Day: ________________

Person Completing Worksheet: ____

I. General Assessment Guidelines for Behaviors of Cognitively Impaired Individuals.

Assessment of behaviors is a multidimensional and multidisciplinary process. Caregivers must understand that all behavior is a form of need-based communication. Knowing the person and their baseline behavior is the key to successful assessment, needs identification and intervention or accommodation. Assessment of specific behaviors should include thorough physical assessment, along with assessment for affective, comfort, and psychosocial needs. Standardization allows the assessment to be organized and comprehensive.

In cognitively impaired individuals, changes in modes of expression, function and ability cause many physical needs to have a strong psychosocial component. Therefore it is important to continue assessing until the different types of needs can be identified or accommodated, and processes put in place to preserve function and maintain or improve quality of life and care.

Complete this worksheet using (I) ***resident/family/staff interview****, (O)* ***direct resident and care delivery observation****, (E)* ***observations of environment****, and (R)* ***record review*** *for type of data retrieval****.***

Type of Data Retrieval	Monitoring Criteria	Yes	No	N/A	Comments
I. ***Physical Assessment*** r/t behaviors should include: • Potential sources of discomfort/need • Potential new Illnesses or sources of injury • Potential exacerbations of existing illness or past injuries • All potential sources of pain					
I, O, E	1. **Sources of discomfort**: These are immediate physical needs that a person may have. Some examples are: a. Thirst/hunger b. Need to toilet c. Repositioning d. Need for movement e. Different clothing f. Etc.				
I, O, R	2. **Illness/Injury**: Presentation is often vague or atypical in the elderly. Behaviors associated with illness are often mistaken for or assumed to be escalation of a dementing disease process. Many symptoms of illness/injury are non-specific and also assumed by care givers to be part of the dementia process. Any				

	behaviors and/or symptoms should always be assessed thoroughly for causes. Some examples of non specific symptoms are: a. Increased confusion b. Delirium c. Falls d. Change in gait e. New/worsening incontinence f. Decreased Activity/ADL ability g. Anorexia h. Withdrawal i. Fatigue j. New/worsening anxiety k. Any deviation from normal baseline behavior l. Etc.				
I,O,E,R	3. **Sources of Physical Pain**: Research strongly indicates there are many behaviors that may signal pain in the cognitively impaired person. Those behaviors below that are underlined are supported by research. Examples are: a. Resistance to care b. Aggression c. Increased/new vocalizations d. Wandering/pacing e. Restlessness f. Grimacing g. Withdrawal h. Tearfulness i. Sadness j. Change in behavior or activity level k. Rubbing l. Changes in gait m. Rubbing n. Sitting/laying very still o. Grunting/moaning p. Etc.				
I,O,R	4. See General Pain Assessment Guidelines for cognitively impaired individuals at www.nursinghomehelp.org				
R	5. Good physical assessment must also include: a. Review of diagnoses, past medical conditions, surgeries, events. b. Review of medications - review of the MAR monthly and with				

	assessment for increased PRN pain medication use is essential, however, review of the MAR for increased use of PRN anti-anxiety and anti-psychotic meds are also critical. Pain behaviors may be misinterpreted in the demented elderly, and treated with inappropriate drugs that cause compounding side effects. c. Review of current care plan and care practices for efficacy, appropriateness, continuity, whether practices are being carried out as ordered.				
II. ***Affective Assessment*** r/t behaviors should consist of: • Environmental stressors • Sensoristasis imbalance • Deficits in meaningful human interaction					
I, O, R,E	1. **Environmental Stress**: Individuals with dementia often have a decreased threshold for stress from the environment. Assessment of environmental stressors should include (with some examples): a. *Auditory stressors*-loud television, alarms, construction noise, overhead paging, dining room din, yelling by other residents or staff, complete quiet, etc. b. *Visual stressors*-television reality, industrial looking bathrooms, harsh lighting, shiny floors, crowd of people, blank walls, etc. c. *Olfactory stressors*-food dislikes, urine or fecal smells, heavy perfumes, cleaning chemicals, etc. d. *Tactile stressors*-the feel of a wet or soiled diaper, the feel of a shower spray, *water sensitivity, restraints, sitting too long in one chair, uncomfortable clothing, etc. e. *Thermal stressors*-being too hot or cold, cold/hot rooms or shower rooms, cold food etc.				
	**water sensitivity may be heightened in persons with Down Syndrome or other cognitive impairments*				
I, O, R, E	2. **Sensoristasis**: Behaviors can result from an imbalance in sensory stimulating and sensory calming activities.				

	a. Person's daily activities are examined for periods of high or low stimulation and activity that are sustained for 1½ hours or longer without change. b. Person's daily schedule is reconfigured to adjust periods of high/low activity that are causing the imbalance, and meet the needs of the individual.				
I, O	3. **Meaningful Human Interaction**: Many social-psychological theories of care for the person with dementia indicate that social neglect is associated with cognitive, social, and functional decline. a. Person's daily activities are examined for meaningful one-to-one human interaction. b. If person is not receiving 10-20 minutes twice daily of positive one-to-one personal interaction, formal interaction engagement activities are supplied r/t personal preference/need. c. Individual may be "targeted" by staff for interaction during periods they are at risk for no or little engagement.				
III. ***Assessment of Comfort*** • Asks the question, "What provides comfort to this person?"					
I, O, R, E	1. **Comfort Assessment**: Having in depth knowledge of the person's background, spirituality, interests, taste is essential. Some examples: a. Helping/enabling someone to pray. b. Assisting /enabling someone with books, pictures, and objects, religious or otherwise, meaningful to that person. c. Assessing/acknowledging a person's need for human touch, appropriate affection. d. Assisting with music or activities that may have personal meaning e. Providing favorite foods, drinks, scents, remembrances from a person's past.				
IV. ***Pain Medication as an Assessment Step***					
I, O, R	1. **Analgesic Trial**: Pain and discomfort				

	are not always evident in the person with dementia, even after physical exam. Evidence supports the use of pain medication as a behavioral assessment step. a. Trial of ordered pain medication- may need more than one dose. b. If an introduction of or changes to pain medications and treatments were made in the physical assessment step and pain is still a potential, adjustments/changes/ additions may be necessary.				
V. ***Examination of Remaining Psychosocial Needs*** • Asks the question, "Does this person have unmet psychosocial needs?" • Meeting psychosocial needs is essential to enabling quality of life for the person with dementia.					
I, O, E	1. **Assessment of Remaining Psychosocial Needs Deficits**: a. The individual may have physical and affective needs met but may not be back to baseline. Consider that most physical needs have a psychosocial component (Please see Appendix A and B, Kitwood's signs of well-being and ill-being and Positive Person Work skills for enabling Personhood). b. What deficits remain in this person's needs for: • *Occupation*-Self agency in ADLs; meaningful activity • *Identity*-Our sense of who we are along with self-worth • *Attachment*-Connections with family, friends, surroundings • *Inclusion*-Belonging to something greater than just ourselves • *Comfort*-Provision of warmth and closeness				
VI. ***Re-evaluation of Assessment Process*** • Asks the question, "Do the person's needs continue to be met in all assessment areas?"					
R,O,I	1. Interventions chosen are related to assessment findings. 2. Findings and interventions are re-evaluated at least quarterly with RAI process. 3. Findings and interventions are re-evaluated with each change in behavior.				

	4. Re-assessment is completed if any changes occur.				
VII. *Documentation of Assessment Process*					
R, O,I	1. Documentation of all areas of assessment process completed are found in the record 2. Documentation of findings are clear and concise 3. The care plan reflects the assessment findings and related interventions 4. There is evidence that the intended care is being carried out 5. There is evidence in the record/care plan that the assessment findings and interventions are re-evaluated at least quarterly 6. There is evidence in the record/care plan that the assessment findings and interventions are re-evaluated with onset of new behaviors or change in behaviors				

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