

Triggers for Responsive Behaviours



Medical

- Pain
- Constipation
- Urinary Retention
- Dehydration/Hunger
- Metabolic instability
- Infections

Psychiatric

- Depression
- Anxiety
- Psychosis

Medications

- Recent dose changes
- New Medications including over the counter medications and any herbals
- Anticholinergics, psychotropics, Anxiolytics
- Analgesics
- Alcohol and/or illicit substance use

Environment

- Any recent changes to the environment i.e./ move, loss of a loved one etc.
- Temperature, Noise, Lighting

Communication through Documentation

- Assess frequency of responsive behaviours
- “DOS tool” AND Narrative notes
- Describe all consistent approaches taken to minimize the response *narrative
- Describe interventions and outcomes to your intervention
- The CCAC uses this information to help with transitions
(Cohen-Mansfield and RAI)



- Describe EACH behaviour in **neutral** clear language
- (avoid words like “whining, aggressive, or threatening”)
- Care plan should identify each behaviour, trigger and related intervention
- Ongoing monitoring for any changes i.e. decreased intensity, frequency, duration
- Imprecise charting has consequences for the patient and family

Dementia Observation Tool

Use corresponding numbers to record in ½ hour intervals.

- | | |
|----------------------|--------------------------|
| 1. Sleeping in Bed | 5. Restless/ Pacing |
| 2. Sleeping in chair | 6. Exit seeking |
| 3. Awake / calm | 7. Verbally responsive |
| 4. Verbal outbursts | 8. Physically responsive |

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