

# CHECKLIST FOR HNHB RESPONSIVE BEHAVIOURS PROTOCOL

Huddle    
  Debrief    
  Referral to Specialty Services    
  Other

<b>Resident/Client Name:</b>	<b>D.O.B.:</b>	Yes	No	Unsure
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**1. What is the issue?**

**2. Is this behaviour a change?**

What does the Dementia Observation System (DOS) indicate (daily patterns)?

What is the severity & disruptiveness (e.g. Cohen-Mansfield Agitation Inventory) of the behaviour?

**3. a) What is the risk?**

Risk to self (self-neglect/harm/suicide)			
Risk to others			

If **Severe**, what is your immediate action? (see resource sheet for contacts)

If **Low to Moderate**, please follow steps below:

**3. b) Identify causes (using PIECES framework)**

**Physical (5 D's)** Have you addressed or screened for possible physical causes of this behaviour?

	Yes	No	Un- sure	
Delirium (CAM used?)				Discomfort (Pain? Arthritis? Constipation? Abbey, PAINAD, PACSLAC used?)
Disease (e.g. UTI, Thyroid, infection, Routine Blood Work)				Disability (Sensory impairment?, chronic co-morbidities?, communication impairment?)
Drugs (Reviewed impact on behaviour?)				
<b>Intellectual:</b> Impairment?				Changed? (Screening Tools used? (e.g. MMSE, MoCA))
<b>Emotional:</b> Mental Health History?				Hallucinations?
Depression?				Delusions?
Screening tools used? (e.g. Cornell Scale for Depression, SIGECAPS, Geriatric Depression Scale)				Other?

**Capabilities:**  
Recent change? (e.g. activities of daily living, mobility)

**Environmental**

Over/under stimulation? (e.g. Dining room)				Change in routine? (e.g. change in staff)
Noise? (e.g. co-resident, staff, pill crusher, overhead paging)				Relocation? (e.g. room/room-mate, or dining table)

**Social** (e.g. Social history?, Change in leisure?, supports?, life events?)

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<b>4. Have you developed care goals related to the identified behaviour(s), in collaboration with family/SDM and inter-professional care team?</b>				
<b>Non pharmacological</b> (e.g. visitors, volunteers activities, alternative approaches, or refer to RB protocol)				
<b>Pharmacological</b> (e.g. are the drugs making it better or worse, or no effect; PRN effective? )				
Referrals?				
Has the Care plan been updated & communicated to all staff, family?				
Date to re-assess?				
<b><u>Date Completed:</u></b>		<b><u>Completed By:</u></b>		
<b>5. Monitor, Evaluate, Re-assess (To be completed at a later date after updated care plan in place)</b>				
Behavior charting indicating (i.e. DOS, Cohen-Mansfield, etc.)?				
Review documentation for effectiveness of care plan.				
<b><u>Date Completed:</u></b>		<b><u>Completed By:</u></b>		

(Version 8)

**Links to Assessment Tools:**

- DOS - <http://www.piecescanada.com/pdf/Resources%20-%20DOS.pdf>
- Cohen Mansfield Agitation Inventory – Instructions: [http://www.dementia-assessment.com.au/symptoms/CMAI\\_Manual.pdf](http://www.dementia-assessment.com.au/symptoms/CMAI_Manual.pdf)  
- Form: <http://tctoolkit.mao.ca/sites/tc/files/resources/3Ds/AssessmentTools/AppSfromCaregivingDDDBPG.pdf>
- Confusion Assessment Model (CAM) - [http://www.viha.ca/NR/ronlyres/24020AE2-09A5-45ED-A1D9-21F933BA9169/0/cam\\_09.pdf](http://www.viha.ca/NR/ronlyres/24020AE2-09A5-45ED-A1D9-21F933BA9169/0/cam_09.pdf)
- Pain Assessment In Advanced Dementia (PAINAD) - <http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/default.aspx>
- Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC) - <http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/default.aspx>
- Cornell Scale for Depression, Geriatric Depression Scale - <http://tctoolkit.mao.ca/resources/3Ds#Assessment-Tools>
- Mini-Mental Status Exam (MMSE)- <http://tctoolkit.mao.ca/resources/3Ds#Assessment-Tools>

Developed through the Hamilton Niagara Haldimand Brant LHIN Behaviour Supports Ontario Action Plan

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