

APPENDIX D Identification of Behaviours and Guidelines for Interventions

Data to be summarized in Progress Record

Frequency	Several times an hour	Once or twice a day	Several Times a week	Less : once a week	Interventions
					Date: _____ Initial _____
Mark an X in the column					Review Interventions below and choose appropriately for the client
Verbal Behaviours					Interventions for Verbal Excessive
					<ol style="list-style-type: none"> 1. Name & state frequency of behaviour 2. Initiate <i>Behaviour Pattern Record</i> or <i>Client Observation Record</i> or screen for Delirium (refer to FH North Assessment of and Interventions for Delirium CPG) 3. Assess for pain, constipation, itchy skin, need for toilet 4. Assess tolerance for environmental press 5. Speak in short simple statements 6. Validate feelings, clarify meaning of their words 7. set limits 8. Encourage consistent visitors and times of visits 9. Neuroleptics & adjunct meds may assist some clients to reduce verbal outbursts
Repetitive sentence/questions					
Making noises: crying, moaning, grinding teeth					
Complaining: somatic complaints, repetitive complaints					
Negativism: nothing is right					
Verbal sexual advances; sexually explicit talk					
Constant unwarranted requests for attention/help					
Screaming					
Swearing, verbal anger, criticisms					
Physical Behaviours					Interventions for Physical Excessive
					<ol style="list-style-type: none"> 1. Name & state frequency of behaviour 2. Initiate <i>Behaviour Pattern Record</i> or <i>Client Observation Record</i> or screen for Delirium (refer to FH North Assessment of and Interventions for Delirium CPG) 3. Ensure staff safety: remain 3 feet and 1 additional stride backward, supportive stance 4. If client is resistive to care withdraw & try later 5. Assess for pain, constipation, need for toilet 6. Develop and implement consistent schedule 7. Provide meaningful activities and distractions 8. Develop team consensus on approaches to client 9. Consistent team response to behaviours 10. Clients demonstrating physical excessive behaviours may benefit from a neuroleptic or adjunct medication 11. Regular dosage as well as a p.r.n. dose
Pacing or aimless wandering					
Trying to get to a different place					
Handling things: moving furniture					
Hiding things/hoarding					
Eating/drinking inappropriate substances					
General restlessness: fidgeting					
Resists or refuses care					
Performing repetitive mannerisms					
Hitting (including self)					
Kicking					
Grabbing / pushing people or things					
Making physical sexual advances					
Spitting, scratching					
Destroying property					

Adapted from Cohen – Mansfield Agitation Scale. Cohen-Mansfield, J. & Libin, A. (2004). Assessment of agitation in elderly patients with dementia: correlations between informant rating and direct observation. *International Journal of Geriatric Psychiatry*, 19:881-891.