# Qsource Nursing Home Collaborative

Antipsychotic and Opioid Medications
Behavioral Management Plan and
Tracking Tools

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# Behavior Management Plan

## Plan:

This facility will address behavioral health of residents and ensure the following services:

- Trauma-informed care and services
- Appropriate care interventions to address behaviors
- Appropriate care and treatment

Behaviors/mood indicators may adversely affect the well-being of the resident, other residents, staff, or visitors. They could include physical behavior symptoms directed toward others, verbal behavioral symptoms directed toward others, other behavioral symptoms not directed toward others, rejection of care and wandering, and mood indicators.

## Protocol:

1. For residents who do not have a documented psychiatric mood disorder diagnosis, if a behavior occurs there should be documentation of its possible causes based on the circumstances surrounding the occurrence or as noted from individual histories.
2. Staff training related to behavioral health will be completed to ensure that competency and skill sets are appropriate to care for those residents who have a psychiatric diagnosis, including dementia, history of trauma or post-traumatic stress disorder.
3. Residents who display a mental disorder or psychosocial adjustment difficulty, or who have a history of trauma or post-traumatic stress disorder and/or substance use disorder, will receive appropriate treatment to address the issues and allow him/her to achieve the highest level of mental and psychosocial well-being.
    a. Residents who are identified may need different activities than other nursing home residents. The activity director will participate in the interdisciplinary team (IDT) meetings to better provide appropriate activities for these residents. Care plans will reflect the various activities planned for the residents.
4. All recommendations related to the Pre-Admission Screening and Resident Review (PASRR) process will be reviewed with recommendations implemented and care planned. If the recommended interventions are not implemented, documentation of the rationale will be documented in the resident's medical record.
5. If a new mental health diagnosis or a suspected mental health condition occurs after admission, the pre-screening agency will be contacted to initiate a new PASRR.

## Procedure:

- A behavior assessment will occur on all new admissions related to known/identified behaviors and/or if the use of a psychotropic medication to treat certain related conditions has been ordered.
- All new behavior incidents/mood symptoms or new psychotropic medication orders will be referred to Social Services for completion of the assessment process.

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- For residents who have been identified as having ongoing behaviors/mood alterations, behavior tracking should be utilized for all observed issues. Nurses should be informed when staff have witnessed an on-going or chronic symptom(s) that may require tracking. Any staff member may/should communicate the behavior/mood observed.
- The Social Services Director will use behavior documentation to guide an IDT discussion regarding residents with symptoms and the effectiveness of interventions.
- If behavior/mood interventions are not effective, the IDT will review and determine if a new intervention should be initiated. This discussion could occur with a quality assurance and performance improvement (QAPI) meeting as well.
- Social Services Director will communicate recommended interventions to all staff via communication and the updated care plan.
- If the resident has displayed behaviors noted for three months, or at IDT direction, the resident should be considered for discontinuation of the medication and the behavior monitoring program. Update the care plan to document the change.
- If the resident has not had behaviors but has continued a psychotropic medication for a documented psychiatric diagnosis, such as Schizophrenia, Major Depression, or Bipolar Disorder, the physician should document the rationale to continue the medication. If a failed gradual dose reduction (GDR) has been attempted on the medication, that rationale should also be documented. The facility will continue to track GDR recommendations and outcomes.
- Interventions to manage behaviors will never be used for disciplinary purposes, for the convenience of the staff, or as a substitute for an active treatment program.
- At least quarterly IDT meetings will be held to discuss all residents on the Behavior Management Program as well as those residents receiving psychotropic medication who may be due for a GDR consideration. During the meeting, behavior tracking and care plans will be reviewed and updated as appropriate. Interventions will be discussed and changed as necessary. The meeting will be documented in IDT notes.
- GDRs will also be reviewed at the quarterly Behavior Management Meeting.

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**Interventions that can be utilized include:**

- Distraction
- Activity involvement
- Redirection
- Assess basic needs (toileting, hunger, thirst)
- Assess for pain
- New caregiver
- Assess for underlying medical cause
- Supervised therapeutic environment
- Specific resident centered interventions
- Use of drug management will only be considered if all additional less restrictive interventions have been tried but failed

**Interventions that will not be used:**

- Restraints
- Involuntary seclusion
- Application of painful or noxious stimuli
- Timeout rooms
- Negative reinforcement

6-6-23 update; 10-2-2022; 11-19 Phase 3

F740; F741; F742; F743

**Resources:**

National Consumer Voice for Quality Long Term Care 2016: Individualized Assessment with Behavior Symptoms

Iris.peabody.vanderbile.edu Behavior Assessment 05-21

Attachment: Behavior Assessment Tool

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# Behavior Assessment

Enter check mark where resident has known behaviors.

## Known Behaviors

| 1 Afraid/panic | 2 Agitated | 3 Angry | 4 Anxiety | 5 Biting | 6 Compulsive | 7 Continuous crying | 8 Continuous pacing | 9 Continuous screaming/ yelling | 10 Danger to others |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **11 Danger to self** | **12 Depressed/ withdrawn** | **13 Extreme fear** | **14 False beliefs** | **15 Fighting** | **16 Finger painting feces** | **17 Hallucinations / paranoia/ delusion** | **18 Head banging** | **19 Insomnia** | **20 Jittery/ nervousness** |
| | | | | | | | | | |
| **21 Kicking** | **22 Mood changes** | **23 Noisy** | **24 Pinching** | **25 Poor eye contact** | **26 Pulling out tubing** | **27 Restless** | **28 Scratching** | **29 Slapping** | **30 Seeing/ feeling/ hearing items not there** |
| | | | | | | | | | |
| **21 Spitting** | **22 Wandering** | | | | | | | | |
| | | | | | | | | | |

Other: List on this line: ______________________________________________

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# Behavior Assessment

Enter check mark for applied intervention code(s).

## Intervention Codes

| 1<br>1:1 | 2<br>Activity | 3<br>Adjust room temperature | 4<br>Backrub | 5<br>Changing position | 6<br>Give fluids | 7<br>Give food | 8<br>Redirect | 9<br>Refer to nurses' notes in chart | 10<br>Remove from environment |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **11<br>Return to room** | **12<br>Toilet** | **13<br>Medication (List all medications)** | | | | | | | |
| | | | | | | | | | |

Other: List on this line:______________________________________________

Resident Name:____________________ Admission Date:__________________ Date of Assessment:______________

Cc: Attending Physician

DON/Administrator

Resident Medical Chart

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# Behavior Monthly Flow Chart

| Behavior 1: | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |

| Behavior 1 (cont.) | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |

Resident Name:____________________________ Room#:________________________ Med Rec #: ______________

Facility:__________________________________ Month:________________________ Year:____________________

*I = ineffective* *E = Effective*

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| Behavior 2: | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |

| Behavior 2 (cont.) | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |

Resident Name:______________________________ Room#:_________________________ Med Rec #: ______________

Facility:_____________________________________ Month:_________________________ Year:____________________

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| Behavior 3: | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |

| Behavior 3 (cont.) | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |

Resident Name:______________________________ Room#:_______________________ Med Rec #: ______________

Facility:___________________________________ Month:________________________ Year:___________________

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| Behavior 4: | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |

| Behavior 4 (cont.) | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Behavior Episodes | | | | | | | | | | | | | | | | | | | |
| | Person Centered Interventions | Interventions/ Outcome | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |

Resident Name:____________________________ Room#:________________________ Med Rec #: ______________
Facility:___________________________________ Month:________________________ Year:____________________

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