Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Long Term Care

# Behavioural Assessment

- For use when behavioral and psychological symptoms of dementia are present
- This assessment is meant to be completed over several days with the interdisciplinary team

**Available Resources:**

Dementia Care Quick Reference Guide
Site Educator
Dementia Care Education trained staff

Date initiated: __ __ / __ __ __ / __ __ __ __ (D D M M M Y Y Y Y) ☐ Initial Assessment ☐ Reassessment - previous date: __ __ / __ __ __ / __ __ __ __ (D D M M M Y Y Y Y)

Admission Date: __ __ / __ __ __ / __ __ __ __ (D D M M M Y Y Y Y)

## Individuals included in this assessment (check all that apply):

☐ Resident ☐ Family (specify): ____________________ ☐ HCA ☐ Nursing ☐ Recreation ☐ OT ☐ PT ☐ Rehab
☐ Prescriber ☐ Pharmacist ☐ SW ☐ RD ☐ Management ☐ SLP ☐ Food Services ☐ Housekeeping ☐ Other: __________________

## 1. What has CHANGED?

Is the behavior/problem new? Is it worse or different? When did the change emerge? Describe specific details of the behaviour change.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Known diagnosis of major neurocognitive disorder (dementia) or cognitive decline?**

☐ Yes (specific type if known) ____________________ ☐ No

If no: What is the plan to seek a diagnosis? What are your next steps?

________________________________________________________________________________
________________________________________________________________________________

## 2. What are the RISKS?

Think **I.S.S.U.E.**

- **I**njury/Illness (physical causes, pain, rule out delirium - ***delirium is a medical emergency***)
- **S**uicidal ideation
- **S**afety (substance use, self-neglect, elopement, conflict, etc.)
- **U**s (relationships with others, harm by person, or to person, including neglect or isolation)
- **E**nvironment (disruption, damage to property)

**Comments & Actions:**
Describe any **immediate** actions required to address **imminent** risks.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

**Immediate Actions:**

- Rule out delirium
- Review medications
- Assess pain
- Consider unmet needs
- Complete Dementia Observation System (DOS)
- Initiate C.A.U.S.E. assessment below

**LEGEND**

ADL - Activities of Daily Living
C.A.U.S.E. - Cognition, Abilities, Underlying Illness/Injury, Social, Environment
COPD - Chronic Obstructive Pulmonary Disease
DOS - Dementia Observation System
HCA - Health Care Aide
OT - Occupational Therapist
PCH - Personal Care Home
PRN - As needed
PT - Physiotherapist
RD - Registered Dietitian
Rehab - Rehabilitation
SLP - Speech-Language Pathologist
SW - Social Worker

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

**Long Term Care**

# Behavioural Assessment

## 3. What are the possible C.A.U.S.E.s?

What actions and investigations are required? What are the outcomes? Include behaviour triggers that are already known. Check (✓) all that apply:

### C - Cognition

| ✓ **Potential causes related to cognition** | ✓ **Possible actions/investigations** | Date D D M M M Y Y Y Y | Initials |
|---|---|---|---|
| ☐ Changes in memory, orientation, or concentration | ☐ Mini Cog | | |
| ☐ Changes to recognition of people or objects | ☐ Medication review | | |
| ☐ Changes in language skills, comprehension, or communication | ☐ Mini Mental Status Exam (MMSE) | | |
| ☐ Are there unique changes to this individual's intellectual functioning? | ☐ Clock Test | | |
| ☐ Existing intellectual or learning disability | ☐ Montreal Cognitive Assessment (MoCA) | | |
| ☐ Changes to judgment, reasoning and insight | ☐ Cognitive Performance Scale (CPS in Minimum Data Set - MDS) | | |
| ☐ Consider and identify the impact of the 7As *(Amnesia, Aphasia, Agnosia, Apraxia, Anosognosia, Apathy, Altered Perception)* | ☐ Other actions: | | |

Comments (e.g., what did you learn about the resident's cognition that might be contributing to the cause of the behaviour?)

### A - Abilities

| ✓ **Potential causes related to abilities** | ✓ **Possible actions/investigations** | Date D D M M M Y Y Y Y | Initials |
|---|---|---|---|
| ☐ Changes in mobility | ☐ Lawton Brody | | |
| ☐ Change in ability to execute tasks, follow directions, complete Activities of Daily Living (ADLs)/Instrumental activities of daily living (IADLs) | ☐ OT/PT referral | | |
| ☐ Changes in ability to eat (feeding, swallowing) | ☐ RD/SLP referral | | |
| ☐ Loss of dignity and autonomy | ☐ Meal Observation Screening (MOS) | | |
| ☐ Sleep pattern disturbances | ☐ Audiology | | |
| ☐ Sensory changes (vision, hearing, taste, smell, touch) | ☐ Sleep assessment and review pattern of sleep from DOS | | |
| ☐ Changes in communication and barriers | ☐ Vision screening assessment | | |
| ☐ Changes in language | ☐ Recreation observations | | |
| ☐ Consider and identify the impact of the 7As *(Amnesia, Aphasia, Agnosia, Apraxia, Anosognosia, Apathy, Altered Perception)* | ☐ Medication review | | |
| | ☐ Other actions: | | |

Comments (e.g., what did you learn about the resident's abilities that might be contributing to the cause of the behaviour?)



11/23

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

## Long Term Care

# Behavioural Assessment

| U - Underlying Illness/Injury | | | |
|---|---|---|---|
| ✓ **Potential causes related to physical health** | ✓ **Possible actions/investigations** | Date D D M M M Y Y Y Y | Initials |
| ☐ Delirium<br>***Medical Emergency*** | ☐ Confusion Assessment Method (CAM) or 4AT or 3D CAM | | |
| | ☐ PRISME (physiological reasons for delirium) | | |
| | ☐ Assess for possible signs and symptoms of infection | | |
| ☐ Diseases/disorders (e.g., new or worsening symptoms of existing conditions) | ☐ Respiratory assessment<br>e.g., worsening COPD, infection | | |
| | ☐ Blood work (list): | | |
| | ☐ Diagnostic imaging (specify): | | |
| | ☐ Other (e.g. urinalysis): | | |
| ☐ Pain (e.g., discomfort, aches, itchy, tender etc.) | ☐ Pain scales (e.g. PAINAD, numeric, faces scale) | | |
| | ☐ Pain assessment | | |
| ☐ Medications and supplements:<br>Review current meds including PRNs and consider recent changes and medication concerns<br>• Drug interactions<br>• Dose or frequency changes (e.g., adjusted for renal or liver impairment)<br>• Over the counter/natural health products | ☐ Medication review (consult pharmacist) | | |
| | ☐ Monitoring of new medications or dosage changes | | |
| | ☐ Vital signs: | | |
| | ☐ Substance Use/Misuse Screening Tools<br>(e.g. CAGE, DAST-10) | | |
| ☐ Substance use:<br>• Alcohol<br>• Tobacco<br>• Cannabis<br>• Illegal or illicit drug use | ☐ Skin assessment | | |
| | ☐ Other actions: | | |
| ☐ Allergies/intolerances | | | |

Comments: (e.g., what did you learn about the resident's physical health that might be contributing to the cause of the behaviour?)

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

## Long Term Care

# Behavioural Assessment

## U - Underlying Illness/Injury

| ✓ Potential causes related to mental health | ✓ Possible actions/investigations | Date (D D M M M Y Y Y Y) | Initials |
|---|---|---|---|
| ☐ Changes in mood and affect | ☐ SIG E CAPS (signs of depression) | | |
| ☐ Withdrawn (loss of engagement or interest) | ☐ Cornell Depression Scale for Depression | | |
| ☐ Change in appetite (increase or decrease) | ☐ 7 Ds (risk of mental illness behaviors) | | |
| ☐ Sleep disturbances | ☐ Geriatric Depression Scale | | |
| ☐ History of mental illnesses | ☐ Depression Rating Scale (MDS): | | |
| ☐ Desire or thoughts about self-harm or suicidal ideation | ☐ Suicide Risk Assessment | | |
| ☐ Psychosis (delusions, illusions, hallucinations) | ☐ Other Actions | | |
| ☐ History of Trauma | | | |

Comments: (e.g., what did you learn about the resident's mental health that might be contributing to the cause of the behaviour?)

## S - Social

| ✓ Potential causes related to social history | ✓ Possible actions/investigations | Date (D D M M M Y Y Y Y) | Initials |
|---|---|---|---|
| ☐ What do you know about this person and what do you need to know? | ☐ How is information made available to staff? Specify: | | |
| ☐ Social network, family relationships | ☐ Meaningful activities posted/listed | | |
| ☐ Culture, religion, community | ☐ "Getting to Know Me" form | | |
| ☐ Language barrier | ☐ Social history | | |
| ☐ Work, occupation, volunteering | ☐ Recreation assessment | | |
| ☐ Hobbies, interests and accomplishments | ☐ Family care conference | | |
| ☐ Expectations, goals, desires | ☐ Informal family meeting or family huddles | | |
| ☐ Personal preferences, values, what matters to them | ☐ Consider life story | | |
| ☐ Significant life events | ☐ C.A.R.E. alert (violence prevention) | | |
| ☐ Past trauma | ☐ Other: | | |
| ☐ Negative associations or triggers | | | |
| ☐ Consider and identify the impact of the 7As *(Amnesia, Aphasia, Agnosia, Apraxia, Anosognosia, Apathy, Altered Perception)* | | | |
| ☐ Other: | | | |

Comments: (e.g., what did you learn about the resident's social history that might be contributing to the cause of the behaviour?)

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Long Term Care

# Behavioural Assessment

| E - Environment | | | |
|---|---|---|---|
| ✓ **Potential causes related to environment** | ✓ **Possible actions/investigations** | Date D D M M M Y Y Y Y | Initials |
| ☐ Noise | ☐ "Look" checklist (environment scan) | | |
| ☐ Temperature, air circulation | ☐ Assess noise level (e.g. ECAT) | | |
| ☐ Consider and identify the impact of 7As *(Amnesia, Aphasia, Agnosia, Apraxia, Anosognosia, Apathy, Altered Perception)* | ☐ Changes on unit or immediate environment (describe) | | |
| ☐ Issues with personal space and belongings (preferences) | ☐ Address individual environmental needs | | |
| ☐ Issues with privacy and shared spaces | ☐ Discussion with resident and family | | |
| ☐ Environment not conducive to preferred activities | ☐ Other Actions: | | |
| ☐ Over stimulation/under stimulation | | | |
| ☐ Lighting/colors/patterns | | | |
| ☐ Odours | | | |
| ☐ Resident routines / facility / flexibility | | | |
| ☐ Relocation - new to PCH or room change | | | |
| ☐ Esthetic changes (e.g., construction, repairs, maintenance, upgrades) | | | |
| ☐ Use of restraints (list in comments) | | | |
| ☐ Lack of appropriate cues (signage, visuals, etc.) | | | |
| ☐ Issues with access to locations or belongings | | | |
| ☐ Staff changes or inconsistent staff | | | |
| Comments: (e.g., what did you learn about the resident's environment that might be contributing to the cause of the behaviour?) | | | |

Other tools that may assist you:

| | |
|---|---|
| ☐ | **Cohen Mansfield Agitation Inventory (CMAI)** |
| | Comments: |
| ☐ | **Dementia Observation System (DOS)** |
| | Comments: |
| ☐ | **ABC Behaviour Mapping Tool** |
| | Comments: |
| ☐ | **Social Connection Plan** |
| | Comments: |

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Long Term Care

# Behavioural Assessment

## 4. Plan of Care

Based on the information from the assessment, what is the plan for the resident (including care approaches and communication strategies) that best addresses the identified needs?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Communication**

How are you going to communicate the plan to the team (including the resident or family)?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Evaluation**

**How** will you know if the interventions are working. **When** will you reevaluate? **What** tools will you use?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Have you:**

☐ Reviewed with resident or family/substitute decision maker

Name: ______________________________ Date: D D M M M Y Y Y Y

Team member name/signature: ______________________________

☐ Documented in integrated progress notes (as needed)

☐ Updated resident care plan

☐ Updated resident ADL sheet

☐ Completed referrals as needed

☐ Set reminder for the reassessment date: D D M M M Y Y Y Y

Team members involved in this assessment sign below:

| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |
|---|---|---|
| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |
| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |
| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |
| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |
| Print Name and Designation | Signature | Date D D M M M Y Y Y Y |