

# Behaviour Assessment



Resident Name: Susan MCV\_02



Report created on: 09/12/2023 1:41 PM by Sandy Matthews [Nurse Consultant]

## Previous History

### BEHAVIOUR HISTORY

#### Details of relevant behaviour / psychiatric history

Sue has moderate cognitive impairment associated with her diagnosis of Dementia and Anxiety.  
Depression  
STML

#### List of problem behaviour

Verbal refusal of care during care procedures. Sue will tell staff that she doesn't need help or will tell staff that she is ok when they approach to attend to her ADL cares. Due to her cognitive deficit, Sue lacks insight into her self-care ability and is unable to attend to her care requirements. Eventually, Sue will allow staff to help her when given time to settle. Staff are required to keep coming back until she allows staff to help her. Sue is at risk of having poor personal hygiene and body odour that would impact on other residents sharing the same communal space. Sue sometimes presses emergency buzzer if she wants immediate assistance without waiting for staff to attend to her. She sometimes states that people here do not care about her.

## Present Issues

### MEMORY

#### Ability to remember recent events

Sue has difficulty remembering recent events.

#### Ability to remember past events

Sue occasionally forgets past events. STML

#### Comprehension ability

Impaired.

### BEHAVIOUR INFLUENCES

#### What makes the person angry?

Sue sometimes feels angry. Sue becomes frustrated and upset with her current functional and cognitive decline.

#### How do they demonstrate feelings of anger?

When Sue is feeling anxious she raises her voice.

#### How does the person cope with difficulties?

Sue enjoys talking with her Nephew Gordon.

#### What strategies work to resolve feelings of anger?

Sue would like to talk to her nephew when she is feeling anxious or sad.

#### Is the reason for upset feelings obvious to the person?

Yes

#### How will/does the person alert staff that a problem exists?

Sue is able to verbalise to the staff when she is feeling upset.

#### What helps to relax the person?

Sue likes to talk to nephew Gordon,

### RELATIONSHIPS

#### Important people in the person's life

Important people in Sue's life are Gordon, Sussy.

#### How often does the person see family/friends?

Babs is a resident at Macleay Valley house, and Sue visits her daily.

#### How does the person feel about this?

Sue enjoys calls to her family and meeting up with Babs in the facility.

#### Other issues regarding relationship with family/friends

There was an issue that occurred in the past with Sue and her sister-in-law. This does trouble Sue but she still enjoys Babs company.

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### SOCIAL BEHAVIOUR

How can staff assist the person to prevent feeling lonely/isolated?	Staff to encourage Sue to join in activities
What does the person feel about living here?	Sue has settled in well.
Does the person initiate social contact with others here?	Yes-with Babs
Does the person participate in activities they are interested in?	Yes

### Individual Behaviour Issues

### Behaviours of Concern - Record : 27179662

#### BEHAVIOUR DESCRIPTION AND MANAGEMENT

Issue/behaviour description	1. Verbal refusal of care during care procedures. Susan will tell staff that she doesn't need help or will tell staff that she is ok when they approach to attend to her ADL cares. Due to her cognitive deficit, Susan lacks insight into her self-care ability and is unable to attend to her care requirements. Eventually, Susan will allow staff to help her when given time to settle. Staff are required to keep coming back until Sue allows staff to help her. Susan is at risk of having poor personal hygiene and body odour that would impact on other residents sharing the same communal space.
Usual time of day and duration the behaviour was exhibited	Throughout the day
Amount of times on average per day that behaviour was exhibited	Few times daily.
Triggers or Warning Signs	Sue's behaviour can be triggered by lack of sleep, pain or not being able to do tasks independently.
Possible contributing factor(s)	Moderate cognitive impairment relating to dementia, anxiety and depression.
Successful interventions used	Address Sue by name Staff to talk to Sue and ask her about her niece and her sister in-law Babs as they are important to Sue. Divert Sue's attention away from the behaviour by talking about the TV shows she is interested in e.g. documentaries, soccer, football. Ask Sue to talk about the Insurance job that she had in the UK and then here in Australia. Staff to Introduce themselves when addressing Sue Use clear simple Language when talking to Sue Inform Sue what you are about to do Provide a regular routine for Sue. Leave Sue to settle then return later and try again. Explain the need to allow staff to assist her. Staff to monitor Sue for non-verbal signs of pain. Encourage and support Sue to participate in ADL activities.
Alternate / Unsuccessful Strategies	Alternate strategies to use are redirection, distraction, engage DT and family members.
Related Incidents to behaviour	Sue hygiene and skin integrity maybe compromised to being resistive to ADLS and skin care.
Effectiveness of Strategies	refer to behaviour chart
Description of the consultation about the use of alternate strategies with the resident or the resident's representative.	N/A
Are restrictive practices required?	No

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UPDATED 29/05/2023 2:35 PM By : Deborah Reddy (RN - Registered Nurse) (BATCH - 52732759)