

Behaviour Assessment



Resident Name: Betty MCV_01



Report created on: 18/07/2024 9:15 PM by RN Agency [RN - Registered Nurse]

Previous History

BEHAVIOUR HISTORY

Details of relevant behaviour / psychiatric history

History of Depression, Anxiety and STML.

List of problem behaviour

Betty has short term memory loss and lacks insight into her capabilities. Betty will refuse care. Staff have to return several times and encourage Betty to allow them to assist her with her care needs.

A dignity of risk form is in place to support and respect Betty's preferences to have her independence with her care needs.

Present Issues

MEMORY

Ability to remember recent events

Betty has good recollection of recent events.

Ability to remember past events

Betty has good recollection of the past events.

Comprehension ability

Has good comprehension ability

BEHAVIOUR INFLUENCES

What makes the person angry?

Betty gets upset when she is not able to get her medications on time.

How do they demonstrate feelings of anger?

Betty becomes quiet, holds it in .
Betty isolates herself in her room when she is upset.

How does the person cope with difficulties?

Betty keeps her self busy , Betty is a very active person .

What strategies work to resolve feelings of anger?

Betty talks to friends and staff sometimes

Is the reason for upset feelings obvious to the person?

Yes

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

Betty will notify staff if any concerns and then it can be followed up.
Betty will press the call bell at times if she requires assistance.

What helps to relax the person?

Betty likes reading in her room. She likes going to the cafe and having coffee with other residents. Betty also relaxes with watching TV and her favourite shows.

RELATIONSHIPS

Important people in the person's life

Family and friends.

How often does the person see family/friends?

weekly

How does the person feel about this?

Betty sees her family and friends quite frequently and she is very happy and grateful about this.

Other issues regarding relationship with family/friends

Unknown

SOCIAL BEHAVIOUR

When does the person feel lonely/isolated?

Sometimes when Betty is in her room alone.

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How can staff assist the person to prevent feeling lonely/isolated?

Encourage Betty to attend activities.
Spend time one on one with Betty .
Betty Likes to read in her room.
Betty likes to go to the cafe to socialise with other residents.
Betty is happy as she has made friends in the home.

What does the person feel about living here?

Does the person initiate social contact with others here?

Yes. Betty does talk to residents that she knows. Betty greets and talks to them.

Does the person participate in activities they are interested in?

Yes, always.

Individual Behaviour Issues

Behaviours of Concern - Record : 29165933

BEHAVIOUR DESCRIPTION AND MANAGEMENT

Issue/behaviour description

Verbal refusal of care for ADLS

Usual time of day and duration the behaviour was exhibited

During ADL's

Amount of times on average per day that behaviour was exhibited

twice

Triggers or Warning Signs

Betty will be impulsive in her movements .

Possible contributing factor(s)

Betty has lack of insight of her functional ability.

Successful interventions used

Provide Betty with regular routine.
Speak clearly with patience.
Be calm, gentle, reassuring, supportive.
Be firm but kind, refrain from arguing with Betty
Leave Betty to settle then return and try again later

Alternate / Unsuccessful Strategies

Engage Family and Diversional therapists

Adverse Consequences

Betty lack of insight into her abilities which makes her a high falls risk

Related Incidents to behaviour

Bettys impulsive behaviour and movements causes her to lose balance and fall

Effectiveness of Strategies

ongoing monitoring

Are restrictive practices required?

No

Record ID:

29165933

UPDATED 24/05/2023 2:47 PM By : Deborah Reddy (RN - Registered Nurse) (BATCH - 52630478)