Non-Drug Intervention Log for Newly Emergent Behaviors in Dementia

Documentation of Interventions prior to or in place of initiation of Psychoactive Medication Use

Instructions: This form is for use for new behaviors in residents suffering from dementia. In such cases, current practice standards call for the use of non-pharmacologic interventions prior to resorting to psychoactive medications. **Complete top two sections of this form prior to contacting the prescriber for any necessary additional orders. If non-drug interventions are successful, no further action is necessary.** If prescriber must be contacted due to persistent potentially dangerous behaviors, document the prescriber's response and orders on this form and in the medical record.

Resident's Name/Rm#: _____ **Date/Time:** _____

Behavior Displayed (check all that apply):

- ☐ Physical aggression towards caregivers
- ☐ Physical aggression towards peers, family or visitors
- ☐ Verbal aggression towards caregivers
- ☐ Verbal aggression towards peers, family or visitors
- ☐ Verbal disruption
- ☐ Excessive agitation and/or debilitating restlessness
- ☐ Other, Describe: _____

Non Drug Interventions attempted:(Check all that apply)
☐ Resident taken to separate or quiet area and allowed opportunity express needs and/or for behaviors to resolve
☐ Redirection and verbal comfort provided
☐ Audio and/or Visual Stimulation provided (videos, music, television, radio)
☐ Modification of environmental stimuli (noise, temperature, lighting, etc.)
☐ Provide nourishment (Food, snacks, and fluids) as diet allows
☐ Bowel/Bladder: Constipation care; Toileting and/or Incontinence Care, if needed
☐ Medicated for Pain management, when indicated and so ordered
☐ Diversional Mobility (Assisted ambulation, Wheel Chair Propelling, etc.)
☐ Other Diversional Activities: _____

Interventions Effective? ____ **Yes***

____ ***No, Physician will be contacted, section below to be completed.***

*** (If Non Drug Interventions are effective, NO FURTHER ACTION is necessary!)**

Physician Response:
☐ Workup for Medical causes of behaviors ordered (Document orders on Chart)
☐ Psychosocial workup for causes of behaviors ordered (Document Orders on Chart)
☐ Additional non-drug interventions ordered: _____
☐ Medication ordered (Document Orders on Chart). Remind prescriber to consider a single dose or use a time limited standing order of 7 days or less.

Nurse Signature: _____ **Date:**_____ *Rev12.2013*