Behaviour monitoring form

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| **1.** | **Service user name:** |
| **2.** | **Date of incident:** |
| **3.** | **Time of incident:** Start: Stop: |
| Day of the week (please circle): Sun Mon Tue Wed Thu Fri Sat |
| **4.** | **Location:** |
| **5.** | **Persons present:** |

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| **6.** | **Setting events** |
|  | Please describe any general factors you think may have contributed to the behaviour (such as the person was ill, tired or hungry; the environment was hot, noisy or crowded) |
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| **7.** | **Specific triggers** |
|  | Specific triggers – What happened just before the incident occurred? (such as was the person left alone, asked to do something, asking to do or have something) |
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| **8.** | **Behaviour** |
|  | Behaviour – Describe clearly what the person did: |
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| **9.** | **Results** |
|  | What happened as a result of the incident? (such as did you attend to the person, leave them alone, get them a drink, break off from an activity, suggest that they take some time to cool off) |
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| **10.** | **Reactive procedures** |
|  | Which reactive strategies did you use? (Please tick) |
| ❑ Defusion/distraction ❑ Minimal restraint❑ Breakaways ❑ As required medication❑ Other (please specify): |
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| **11.** | **Medication effectiveness** |
| If you used emergency medications, please specify: |
| Medication given: Time given: |
| Dosage: |
| Please record half-hourly observations from administration of ‘as required’ medication until calm.Please circle the appropriate number to indicate if the behaviour has improved or become worse since administering medication. Describe briefly the agitated behaviour/symptoms at time of recording.All additional doses must be recorded on another chart. |
| **1. First recording**Time: |
|  1 2 3 4 5Much improved No change Much worse |
| Comments: |
|  |
|  |
| Signature: |
|  |
|  | **2. Second recording**Time: |
|  1 2 3 4 5Much improved No change Much worse |
| Comments: |
|  |
|  |
| Signature: |
| **Side effects:**(List common side effects of ‘as required’ medication administration) |
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| **3. Third recording**Time: |
|  1 2 3 4 5Much improved No change Much worse |
| Comments: |
|  |
|  |
| Signature: |
| **Other observations noted:** |
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|  |
| **4. Fourth recording**Time: |
|  1 2 3 4 5Much improved No change Much worse |
| Comments: |
|  |
|  |
| Signature: |
| **Other observations noted:** |
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| **12.** | **Behavioural severity** |
|  | How severe was the incident? Please circle the number on the scale that best reflects your views: |
|  1 2 3 4 5 6 7 8 9 10Not at all Moderately severe Very severe |

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| **13.** | **Ease of management** |
|  | How easy or difficult was it to manage the incident? Please circle the number on the scale that best reflects your views: |
|  1 2 3 4 5 6 7 8 9 10Quite easy Moderately easy Very difficult |

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| **Completed by:** Date: |
|  (please print name) |

Adapted from:

Special Projects Team: Directorate of Learning Disability Services, Bro Morgannwg NHS Trust 2010, A hitchhiker’s guide for the specialist behaviour team (operational guidance), GIG CYRMU, Wales.