DEMENTIA CARE: ‘A CHAMPIONS’ DOCUMENT

Assessment of Challenging and Management Problems Initiating Options for New Solutions

Responsible care providers are committed to finding sensitive creative and individualized appropriate care interventions to safely manage behaviour that challenges, exhibited by service users with dementia, and thereby avoiding administration of antipsychotic medications as far as is practicable and safe to do so. The elimination of or successful management of catalysts and identification of common denominators will inform care intervention strategies and promote problem resolution. Please tick the appropriate boxes, as relevant and complete the document which is designed to take no more than 5 minutes.

This document is suitable for use in all care delivery settings and can be completed by careworkers, carers, nurses or others providing care in hospitals, clinics, day centres, care homes, domiciliary care or care at home by family members or others.

Name of Service User………………………………………………………………………………
Date of birth…………………………………………………………………………………………
Type of care setting …………………………………………………………………………………
Address ………………………………………………………………………………………………
Date of Admission/Residency………………………………………………………………………
Diagnosis……………………………………………………………………………………………
G.P……………………………………………………………………………………………………
Other relevant agencies………………………………………………………………………………
………………………………………………………………………………………………………

TYPES OF BEHAVIOUR THAT CHALLENGES

PHYSICAL AGGRESSION Please tick as appropriate.
Punch ( )  Slap ( )  Kick ( )  Bite ( )  Head butt ( )  Squeeze ( )  Pinch ( )  Push ( )
Spitting ( )  Throwing objects ( )  Describe object thrown……………………………………
Blocking others movements ( )  Throwing liquids ( )  Stamping ( )  Using items as
weapons e.g. walking stick ( )  Describe…………………………………………………………
Other …………………………………………………………………………………………………
Comments …………………………………………………………………………………………

PSYCHOLOGICAL BEHAVIOUR
Screaming ( )  Shouting ( )  Repetitive statements ( )  Demanding ( )  Loud behaviour ( )
Unreasonable requests ( )  Threatening ( )  Intimidating ( )  Swearing ( )  Clapping ( )
Other……………………………………………………………………………………………
Comments …………………………………………………………………………………………

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SELF HARMING BEHAVIOUR
Hitting oneself ( ) Scratching oneself ( ) Pinching oneself ( ) Using an object to hurt or injure oneself ( ) Describe ........................................................................................................
Threatening to hurt oneself ( ) Verbalizing suicidal thoughts ( )
Placing oneself on floor ( ) Deliberately rolling oneself out of bed ( ) Attempting to eat/drink non food objects ( ) Describe ........................................................................................................
Other ................................................................................................................................
Comments ........................................................................................................................

SEXUAL BEHAVIOUR
Unwelcome sexual comments ( ) Inappropriate kissing ( ) Inappropriate touching ( )
Fondling ( ) Penetrating actions ( ) Describe ........................................................................................................
Exposing oneself ( ) Use of sexual swear words ( )
Masturbation in room other than bedroom ( ) Identify ........................................................................................................
Inappropriate flirting ( ) Describe ........................................................................................................
Other ................................................................................................................................
Comments ........................................................................................................................

DESTRUCTIVE BEHAVIOUR
Damage to electrical appliances ( ) Homes fixtures and fittings ( ) Walls/wallpaper ( )
Throwing objects ( ) Please describe ........................................................................................................
Throwing food ( ) Trashing rooms ( ) Identify which ........................................................................................................
Shredding/Ripping items ........................................................................................................................
Other ................................................................................................................................
Comments ........................................................................................................................

INAPPROPRIATE BODILY ELIMINATIONS
Urinating in inappropriate places ( ) Describe location ........................................................................................................
Defecating in inappropriate places ( ) Describe location ........................................................................................................
Manually handling/smearing/throwing faeces ( ) Other ( ) Describe ........................................................................................................
Comments ................................................................................................................................

Any further relevant information.
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REASONS/CATALYSTS/TRIGGERS FOR UNDESIRABLE UNWANTED BEHAVIOUR
(Please record as appropriate in the following sections)
P = Possible   I = Identified/Confirmed ………………………………………..

MEDICAL ISSUES
Dehydration ( ) Constipation ( ) Diarrhoea ( )
Infection (e.g. U.T.I) ( ) Describe …………………………………………………..
Pressure ulcers/wounds/tissue viability problems ( ) (describe)……………………
Medication side effects ( ) describe …………………………………………………..
Sight/Hearing/Sensory problems ( ) describe ………………………………………..
Dental pain/oral problems ( ) describe ……………………………………………..
Sleep disturbance ( ) describe ………………………………………………………
Seizure activity ( ) describe …………………………………………………………
Specific Medical Condition ( ) describe ……………………………………………
Polypharmacy ( ) describe …………………………………………………………
Immobility ( ) describe ………………………………………………………………
Other Medical Issues ( )
describe …………………………………………………………………………………..

PERSONAL COMFORT ISSUES
Pain ( ) Discomfort ( ) Sore bottom (sitting/lying for long periods of time ( )
Hunger ( ) Thirst ( ) Too hot ( ) Too cold ( ) Wanting to go to the toilet ( )
Incontinence ( ) Feeling of being interfered with ( )
Other ………………………………………………………………………………………
Comments ………………………………………………………………………………………

PSYCHOLOGICAL ISSUES
Agitation ( ) Irritability ( ) Anxiety ( ) Anger ( ) Depression ( ) Tearful ( )
Accusatory ( ) Hallucinations ( ) Delusions ( ) Hyperactive ( ) Intolerant of others ( )
Boredom/isolation ( ) Sleepy ( ) Not wishing to be disturbed ( ) Pacing ( )
Sundowning ( ) Disinhibition ( ) Suspicious/paranoid feelings ( )
Communication difficulties ( )
Other ………………………………………………………………………………………
Comments ………………………………………………………………………………………

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ENVIRONMENTAL ISSUES
Crowded room ( ) Too noisy ( ) TV/Radio blaring away ( ) Wanting to leave ( )
Incompatibility of adjacent people ( ) Unpleasant odours ( )
Lack of therapeutic environment ( ) Deprivation of liberty ( )
Describe ……………………………………………………………………………………………
Other ……………………………………………………………………………………………
Comments ………………………………………………………………………………………

STAFF ISSUES
Inappropriate approach by staff ( ) Medical/nursing procedures by staff ( )
Administration of medication by staff ( )
No/insufficient explanation of care intervention procedures by staff ( )
Inadequate numbers of staff to provide the necessary care ( ) Poor staff skills ( )
Staff ignoring requests/questions ( ) Change of carer ( )
Other ……………………………………………………………………………………………
Comments ………………………………………………………………………………………

SERVICE USER ISSUES
Disturbed by behavior of other service users ( )
Describe ……………………………………………………………………………………………
Aggression from another service user ( )
Repetitive behavior from another service user ( )
Unwanted personal contact/intrusive behavior from another service user ( )
Other ……………………………………………………………………………………………
Comments ………………………………………………………………………………………

VISITOR ISSUES
Unwanted visitor ( ) Inappropriate behaviour from visitor ( )
Challenging behaviour to a visitor ( ) Challenging behaviour after a visitor leaves ( )
Challenging behaviour following an outing with a visitor ( )
(Please specify) …………………………………………………………………………………
Other ……………………………………………………………………………………………
Comments ………………………………………………………………………………………

Other catalysts/triggers/reasons
Comment upon domain/specifics:-
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
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OTHER DETAILS
No identifiable catalysts/triggers/common denominators ( )
Issues/actions that are indefinable/unassessable/difficult to categorize ( )
Comments ..................................................................................................................

Time of challenging behaviour .............................................................................
Date of challenging behaviour .............................................................................
Day of challenging behaviour (e.g. Monday) ....................................................... 
Location of challenging behaviour ......................................................................
INCIDENT RATING 0 = NO HARM; 5 = MODERATE HARM/RISK OF HARM
10 = VERY HIGH RISK OF HARM OR ACTUAL HARM/POTENTIALLY LIFE
THREATENING
PLEASE RATE INCIDENT 0 – 10.......................................................................
Other.....................................................................................................................
Comments ............................................................................................................

INTERVENTIONS THAT APPEAR TO HELP

Escort service user away from location ( )
Please identify to which area of the home............................................................
One to one care/reassurance ( ) Comment............................................................
Activity sessions ( ) Comment ............................................................................
Reality orientation ( ) Comment .........................................................................
Validation therapy ( ) Comment ...........................................................................
Snoezelen room ( ) Comment ............................................................................
Escorted outing ( ) Comment .............................................................................
Contact/interaction with specific staff member ( ) Identify .................................
Contact/interaction with family member/visitor/advocate ( ) Identify .................
Contact/interaction with service user ( ) Identify .................................................
Contact/interaction with visiting professional ( ) Identify ...................................
Contact/interaction with visiting chaplain/clergy ( ) Identify ...............................
Contact/Interaction with Other ( ) Identify .........................................................
Distraction ( ) Comments ..................................................................................
Use of comfort object ( ) Comments ....................................................................
Use of isolation with discreet observations ( ) Comments ...............................
Use of drink substances ( ) e.g. glass of wine/cup of tea, Comments .................
..........................................................
Assess fluid intake ( ) describe tool used ............................................................
Use of food Substances ( ) Comments ............................................................... 
Ventilation of feelings ( ) Expressions of anger ( ) Active listening ( )
Personal contact, e.g. holding hands ( )
Firm verbal directives ( ) *Identify in care plan
Address Medical Issues ( ) Describe ..................................................................

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Medication ( ) Type …………………. Antipsychotic Yes/No  PRN Yes/No
Name and dose……………………………………………………………………………………………………
Method of administration………………………………………………………………………………………
Comments ………………………………………………………………………………………………………

Restraint ( ) Was this the only feasible option? ( )
Type of Restraint ………………………………. For How Long…………………………
Comments ………………………………………………………………………………………………………
Recorded in Restraint register ( )

Who is the person(s) that was harmed/placed at risk of harm ………………………………..
………………………………………………………………………………………………………………
Designation of individual …………………………………………………………………………………
Was the harm avoidable? Comments …………………………………………………………………
………………………………………………………………………………………………………………

OUTCOME

Relevant/Likely Themes/common denominations relating to undesirable behaviour/incidents………………………………………………………………………………………………
………………………………………………………………………………………………………………
What have we learned to become better equipped to deal with future incidents or avoid them………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
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MEDICATION ISSUES

Please describe any changes in service users presentation relating to behaviour without/since non administration of anti psychotic medication given for incident resolution………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
Time period involved………………………………………………………………………………………………
Discussed with/ please identify …………………………………………………………………………………………………
Has the Care home received recognition of good practice in dealing with behaviour that challenges. Yes ( ) No ( )
By whom………………………………………………………………………………………………………………

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Copy Sent To: Service user ( )
Service users family/advocate ( )
G.P ( )
Social services ( )
BCUHB ( )
CSSIW ( )
Police ( ) File ( )
Other ( ) Please specify .................................................................

Name of Person completing document ....................................................
Designation ............................................................................................... 
Signed ....................................................................................................... 
Dated .........................................................................................................

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