

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

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.

.....
.....
.....
.....
.....
.....
.....
.....

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

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:-
.....
.....
.....
.....
.....

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

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.....
.....
.....
.....

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..... Designation.....

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

DATE	ANTECEDENCE	BEHAVIOUR	CONSEQUENCE

A CHAMPIONS DOCUMENT ABC ANALYSIS CHART

**‘A CHAMPIONS’ document conceived by Stephen Ford MA, RGN, RMN.Dip.Ger.
Dementia Care Policy Coordinator
Care Forum Wales**

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