

# Behavior Assessment and Monitoring

Highlights	Policy Statement
History of Impaired Cognition, Problematic Behavior, Mental Illness	<ol style="list-style-type: none"><li>1. Problematic behavior will be identified and managed appropriately.</li><li>2. Residents will have minimal complications associated with the management of problematic behavior.</li><li>3. The facility will comply with regulatory requirements related to the use of medications to manage problematic behavior.</li></ol>
	<b>Policy Interpretation and Implementation</b>
	<b>Assessment</b>
	<ol style="list-style-type: none"><li>1. As part of the initial assessment, the nursing staff and Attending Physician will identify individuals with a history of impaired cognition (e.g., dementia, mental retardation), problematic behavior, or mental illness (e.g., bipolar disorder or schizophrenia).</li></ol>
	<b>Management</b>
Identification of Nonpharmacologic Approaches	<ol style="list-style-type: none"><li>1. The staff will identify and discuss with the practitioner situations where nonpharmacologic approaches are indicated, and will institute such measures to the extent possible.</li></ol>
	<b>Monitoring</b>
Ongoing Reassessments of Changes in Behavior, Mood, Function	<ol style="list-style-type: none"><li>1. If the resident is being treated for problematic behavior or mood, the staff and physician will document ongoing observations.</li></ol>
Use of Behavior Assessment Form	<ol style="list-style-type: none"><li>2. The staff will document (either in progress notes, behavior assessment forms, or other comparable approaches) information about specific problem behaviors.</li></ol>
Monitoring for Side Effects of Psychoactive Medications	<ol style="list-style-type: none"><li>3. The nursing staff and the physician will monitor for side effects and complications related to psychoactive medications: for example, lethargy, abnormal involuntary movements, anorexia, or recurrent falling.</li></ol>
Monitoring for Continued Indication for Psychoactive Medications	<ol style="list-style-type: none"><li>4. If psychoactive medications are used to treat behavioral symptoms of dementia, the nursing staff and Attending Physician will periodically reconsider their indication and consider whether they can be tapered or document why tapering cannot or should not be attempted (for example, recurrence of psychotic symptoms after several previous attempts to taper medications).</li></ol>
Monitoring Restraint Devices	<ol style="list-style-type: none"><li>5. If any devices (restraints) are prescribed to address problematic behavior, the physician and staff will review the situation to ensure that they are beneficial to the individual (for example, enhancing function and improving symptoms) and are not causing complications or disabling the individual.<ol style="list-style-type: none"><li>a. This should be done frequently when such devices are first employed and periodically thereafter for as long as they are used.</li></ol></li></ol>

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Monitoring Cholinesterase  
Inhibitors/Memantine

- b. Over time, the staff will consider reducing the use or removing such devices, or will document why such attempts are not feasible.
- 6. If cholinesterase inhibitors or memantine are prescribed, the physician and nursing staff will monitor for efficacy and significant adverse effects. Clinically significant adverse effects may include (but are not limited to):
  - a. Cholinesterase inhibitors: dizziness, abnormal gait, agitation, cardiac arrhythmia, nausea, anorexia, abdominal pain, and weight loss;
  - b. Memantine: fatigue, pain, hypertension, dizziness, headache, constipation, confusion, somnolence, or hallucination.