

BEHAVIOURAL/WELL BEING CARE ASSESSMENT

NAME: _____

NHS NUMBER: _____

Oxford Health
NHS Foundation Trust

**WHAT IS THE BEHAVIOUR
BEING DISPLAYED:**



THINK



**IS THERE A
TRIGGER AND/
OR UNMET NEED**

See detailed poster

PHYSICAL TRIGGER	Infection/Delirium	Urine Test Date: Result:			
	Pain/Discomfort	Analgesia Effect Pain Scale Score:			
	Trial Paracetamol for 2-3 weeks	Pre Analgesia		Post Analgesia	
	Constipation	YES/NO			
	Blocked Ears	YES/NO			
	Visual Impairment	YES/NO			
	Hunger	Snacks Finger Foods			
ENVIRONMENTAL TRIGGER	Sleep pattern Wake Early/Stay up Late				
	Noise Too much/Too Loud				
	Light Too Bright/Too Dark				
	Temperature Too Hot/Too Cold				
	Over Stimulation Too much going on around them				
	Boredom Are they looking for something to do				
PSYCHOLOGICAL TRIGGER	Emotional Need Missing partner/friend/family Loss of previous role, life style, home, significant people, pets				
	Life History Are they acting in a way that is familiar to them but doesn't fit current environment Discuss with family Occupation/hobbies/Interests/Family tree				

CHSS REFERRAL

COMMENCE

YES

NO

- ABC Chart
- 24 Hour Behaviour Chart