

The following 4 charts have been excerpted from:

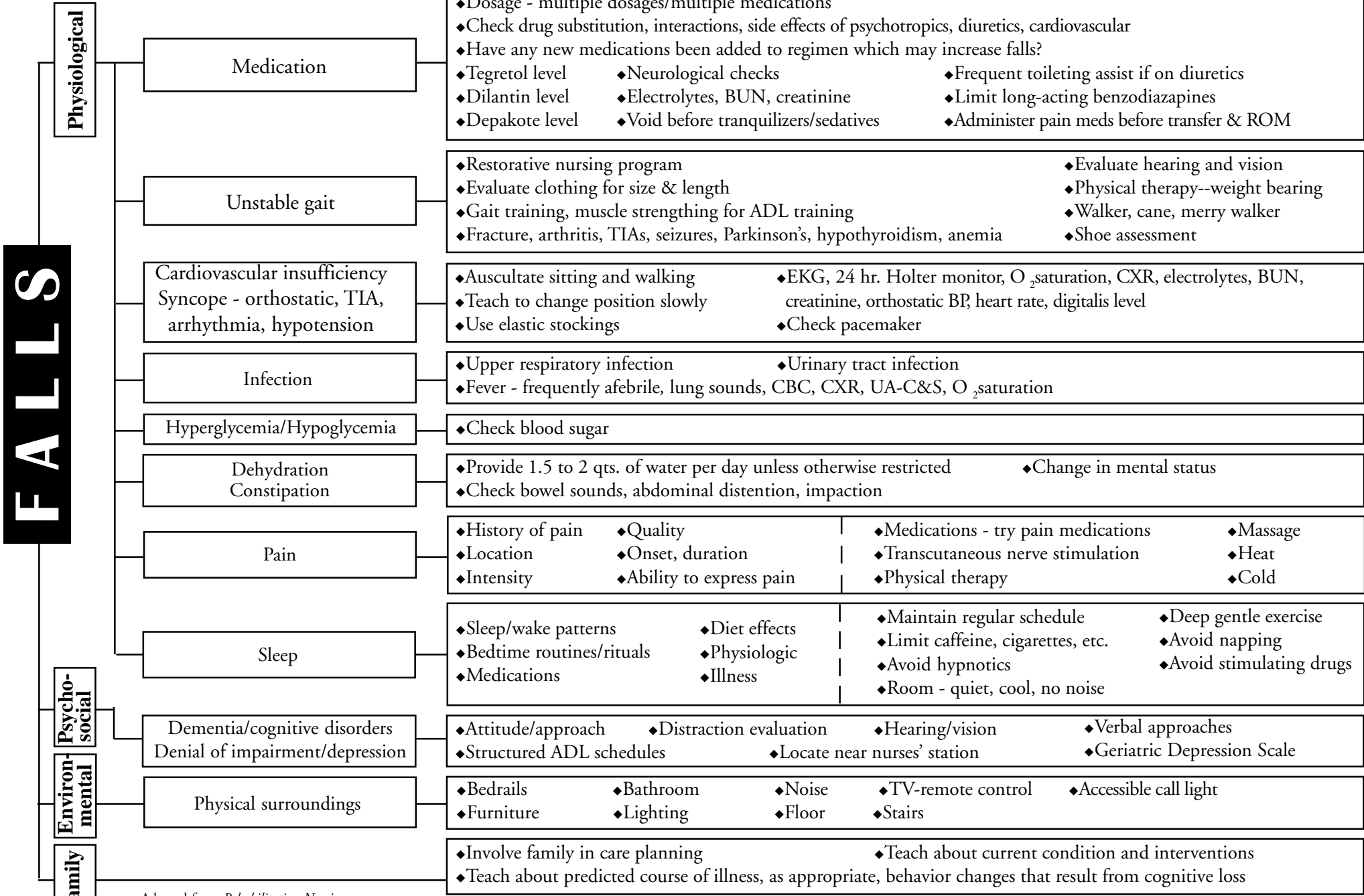
“Restraint Reduction: Assessment and Alternatives, Help Guide; Evaluation Trees; Assessment Log/Intervention Care Plan.”

Developed by Diane Carter, RN, MSN, CS, President and CEO, The American Association of Nurse Assessment Coordinators (AANAC).

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POSSIBLE AREAS FOR EVALUATION: **F A L L S**

DO INTERDISCIPLINARY ASSESSMENT/SELECT BEST INTERVENTION
CONSULT PRIMARY CARE PROVIDER, AS APPROPRIATE



Adapted from *Rehabilitation Nursing*,
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POSSIBLE AREAS FOR EVALUATION: Behavior Symptoms

Behavior Symptoms

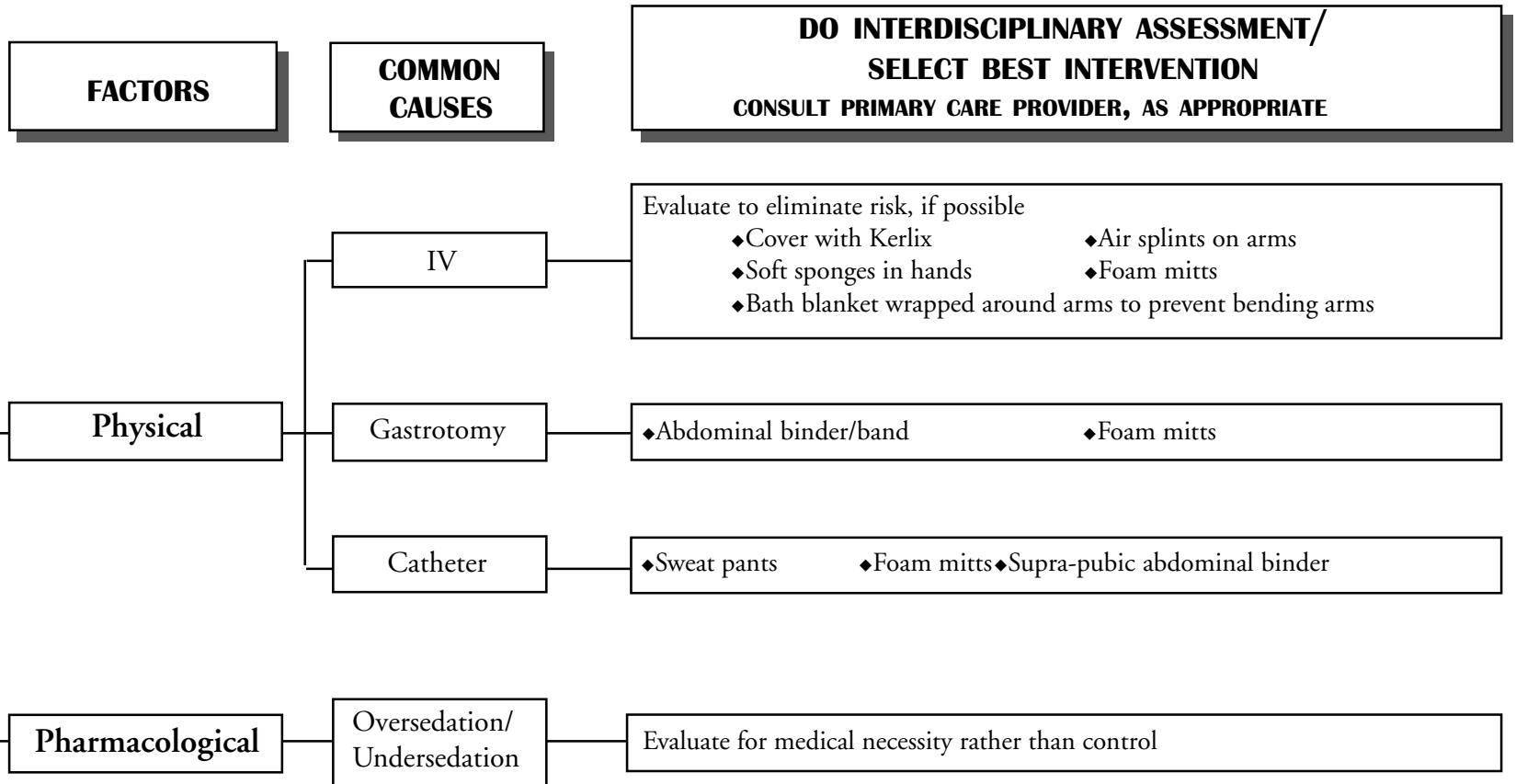
FACTORS	COMMON CAUSES	DO INTERDISCIPLINARY ASSESSMENT/SELECT BEST INTERVEN- CONSULT PRIMARY CARE PROVIDER, AS APPROPRI-															
Physical	Medication	<ul style="list-style-type: none"> ◆ Dosage - multiple dosages/multiple medications ◆ Check drug substitution, interactions, side effects of psychotropics, diuretics, cardiovascular ◆ Have any new medications been added to regimen which may increase falls? ◆ Tegretol level ◆ Neurological checks ◆ Frequent toileting assist if on diuretics ◆ Dilantin level ◆ Electrolytes, BUN, creatinine ◆ Limit long-acting benzodiazepines ◆ Depakote level ◆ Void before tranquilizers/sedatives ◆ Administer pain meds before transfer & ROM 															
	Cardiovascular insufficiency Syncope - orthostatic, TIA, arrhythmia, hypotension	<ul style="list-style-type: none"> ◆ Auscultate sitting and walking ◆ EKG, 24 hr. Holter monitor, O₂ saturation, CXR, electrolytes, BUN, creatinine, orthostatic BP, heart rate, digitalis level ◆ Teach to change position slowly ◆ Use elastic stockings ◆ Check pacemaker 															
	Infection	<ul style="list-style-type: none"> ◆ Upper respiratory infection ◆ Urinary tract infection ◆ Fever - frequently afebrile, lung sounds, CBC, CXR, UA-C&S, O₂ saturation 															
	Hyperglycemia/Hypoglycemia	<ul style="list-style-type: none"> ◆ Check blood sugar 															
	Dehydration Constipation	<ul style="list-style-type: none"> ◆ Provide 1.5 to 2 qts. of water per day unless otherwise restricted ◆ Change in mental status ◆ Check bowel sounds, abdominal distention, impaction 															
	Pain	<table border="1"> <tr> <td>◆ History of pain</td> <td>◆ Quality</td> <td>◆ Medications - try pain medications</td> <td>◆ Massage</td> </tr> <tr> <td>◆ Location</td> <td>◆ Onset, duration</td> <td>◆ Transcutaneous nerve stimulation</td> <td>◆ Heat</td> </tr> <tr> <td>◆ Intensity</td> <td>◆ Ability to express pain</td> <td>◆ Physical therapy</td> <td>◆ Cold</td> </tr> </table>	◆ History of pain	◆ Quality	◆ Medications - try pain medications	◆ Massage	◆ Location	◆ Onset, duration	◆ Transcutaneous nerve stimulation	◆ Heat	◆ Intensity	◆ Ability to express pain	◆ Physical therapy	◆ Cold			
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Psychosocial	Delusions Hallucinations Depression	<ul style="list-style-type: none"> ◆ Assess aggressive behavior ◆ Contract with patient ◆ Behavior modification ◆ Assess psychoactive medications ◆ Cognitive therapy 															
	Dementia Alzheimer's Disease	<ul style="list-style-type: none"> ◆ Attitude/approach - calm, flexible, guiding (not controlling) ◆ Verbal approaches - concrete, validate feeling, task segmentation, avoid excess disability ◆ Non-verbal approaches - attitude contagious, equal/lower position, therapeutic touch ◆ Music therapy ◆ Distraction therapy ◆ Recreation ◆ Exercise ◆ Remotivation 															
Environmental	Physical surroundings	<ul style="list-style-type: none"> ◆ Call light ◆ Rocking chair ◆ Night-time activities ◆ Avoid sensory overload ◆ Roommate ◆ Personalize room ◆ Assess interpersonal preferences ◆ Staff: street clothes, decrease turnover, resident chooses caregiver, permanent assignments, use non-nursing as much as possible, consistent scheduling 															

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MEDICAL NECESSITY

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