|  |  |  |  |
| --- | --- | --- | --- |
| Individual’s Name: Date of event: Time of event: | | | |
| Behavior: | | | |
| **Medical Consideration** (Circle what applies): UTI: UA in progress Impaired vision Impaired Hearing  Constipation Improper footwear Sleeplessness Oral Care Issues Medication change  Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Non-verbal Pain indicators** (Circle what applies): Grimacing Moaning Crying Rocking Withdrawal  Refusing to move Rubbing body part: \_\_\_\_\_\_\_\_\_\_\_\_\_ Holding/protecting body part: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Compromised skin area with description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Emotional distress** (circle what applies): Adjustment difficulty Grief due to loss Sense of Fear Overwhelmed  Boredom expressed loneliness Unfamiliar surroundings/people Feelings of being trapped | | | |
| BEFORE  Location of event  Who was Present?  What was happening in the area? | BEHAVIOR  What was the behavior?  Possible event leading  up to the behavior? | INTERVENTIONS  What was used?  What worked?  What did not work? | AFTER  What did the caregiver do or say?  What did the individual do/say?  What did others do or say? |
|  |  |  |  |

Request for Behavior Huddle: \_\_\_\_\_\_\_ internal \_\_\_\_\_external

Individual completing the report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of reviewer, title and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_