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| 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   |
| BEFORELocation of eventWho was Present?What was happening in the area? | BEHAVIORWhat was the behavior?Possible event leadingup to the behavior? | INTERVENTIONSWhat was used?What worked?What did not work? | AFTERWhat 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_