

**Seniors Health  
Strategic Clinical Network™**

***Behaviour Mapping &  
Care Planning***

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# Resources to Support this Presentation

- Behaviour Mapping Chart: Form #19895

<https://www.albertahealthservices.ca/frm-19895.pdf>

- Behaviour Mapping Guide

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-guide.pdf>

- Behaviour Mapping Process

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-process.pdf>

# What is your patient telling you?



# Behaviour Mapping

## **GOAL:**

The creation of a **person-centred care plan** including behavioural **trends, triggers & effective interventions**

## *Also:*

- ✓ **Restraint as a Last Resort** (policy requirement)
- ✓ **Monitoring** (responses to changes in care)
- ✓ **Transitions** (i.e. for discharge planning)

# Behaviour Mapping Chart



Alberta Health  
Services

## Behaviour Mapping Chart

Date (YYYY-MM-DD)	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init
Time														
00:00														
01:00														
02:00														
03:00														
04:00														
05:00														
06:00														
07:00														
08:00														
09:00														
10:00														
11:00														
12:00														

# STEP 1 - Hourly observations

<b>A</b>	<b>Agitation:</b> Refusing/Resistant to care; Calling out; Removing clothes
<b>AF</b>	<b>Affect:</b> Anxious; Paranoid; Sad; Depressed; Happy; Cooperative
<b>AG</b>	<b>Aggression (Verbal or Physical):</b> Biting; Spitting; Kicking; Hitting; Pinching; Yelling
<b>H</b>	<b>Hypoactive:</b> Drowsy; Somnolent; Comatose; Unusually quiet compared to typical
<b>Q</b>	<b>Quiet:</b> Alert, Awake
<b>R</b>	<b>Restlessness:</b> Fidgeting; Impulsive activity
<b>S</b>	<b>Sleeping</b>
<b>SD</b>	<b>Sexual Disinhibition:</b> Exposing; Inappropriate touching; Inappropriate comments
<b>SEN</b>	<b>Sensory:</b> Hallucinations (visual/auditory); Delusions; Suspicious; Picking
<b>W</b>	<b>Wandering:</b> Redirectable; Difficult to redirect; Elopement risk
<b>O</b>	<b>Other:</b>

# STEP 1 - Hourly observations



## Behaviour Mapping Chart

Date (YYYY-MM-DD)	Feb 19/17		Feb 20/17		Feb 21/17		Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.
	Obs.	Init	Obs.	Init	Obs.	Init								
Time														
00:00			S	DB	S	DB								
01:00			W	TS	S	TS								
02:00	AG/MPR TS		A/MPR TS	TS	A/MPR TS									
03:00	S	TS		S	DB	S	DB							
04:00	S,W	TS		S	DB	S								
05:00	S	TS		S	DB	S								
06:00	S	DB		S	DB	S								
07:00	S,R	ER		Q	CC									
08:00	Q	ER		Q	CC									
09:00	Q	ER		W	CC									
10:00	W,Q	CC		Q	ER									

Only when a behaviour is **notable** will you continue to Step 2



## STEP 2 - MPR note

Notable behaviours only

“Routine” MPRs  
are not necessary

***Detail is key!***

### (A) ACTIVATING EVENT

- Where did the behaviour occur?
- Who was present?

### (B) BEHAVIOUR

- What behaviour was observed?

### (C) CONTEXT

- Unmet needs?
- Environmental factors?
- Psychosocial factors?
- Clinical factors?
- Staff response/intervention?
- Patient’s response?
- Plan?

# Interpreting the Behaviour Map

Services

Behaviour Mapping Chart

Date <small>yyyy-mm-dd</small>	Feb 19/17		Feb 20/17		Feb 21/17									
Time	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init	Obs.	Init
00:00			S	DB	S	DB								
01:00			W	TS	S	TS								
02:00			AG/M/PR/TS	A/M/PR/TS	S	TS								
03:00			S	TS	A/M/PR/TS	A/M/PR/TS								
04:00			S,W	TS	S	DB	S	DB						
05:00			S	TS	S	DB	S	DB						
06:00			S	DB	S	DB	S	DB						
07:00			S,Q	ER	Q	CC								
08:00			Q	ER	Q	CC								
09:00			Q	ER	W	CC								
10:00			W,Q	CC	Q	ER								
11:00			Q	ER	Q	ER								



# Behaviour Mapping - Key points

- 1) Hourly observations
- 2) Descriptive MPR notes  
*Care planning is started as soon as possible*



*STOP behaviour mapping when it has accomplished its purpose*

# Sample Care Plan

**Likes:** Prefers to be called “Mister Smith”

**Dislikes:** bananas, gravy

**Triggers:** becomes agitated if cold during showers, agitated without his eyeglasses. Removes clothes when itchy; lotion for dry skin nightly.

**Behaviour:** If refuses care, take for a walk then try again. Enjoys 1960s rock music - CDs at bedside

**Routine:** up by 0930, limit daytime nap to 45 minutes

**Safety:** approach from right side (L side visual neglect post stroke). Elopement risk: frequent safety checks.

# SENIORS CARE

**S** Sleep

**E** Elimination

**N** Nutrition

**I** Independence

**O** Orientation

**R** Reality of Pain

**S** Sensory

**C** Concerns

**A** Atypical presentation

**R** Rx

**E** Environment

# Assess: Find the Clues

- ✓ Identify patients at risk e.g. frail older adults
- ✓ Talk to family, friends, alternate decision-maker
- ✓ Behaviour map
- ✓ Talk to staff who may already have strategies
- ✓ Unit experts
- ✓ Care plan (SENIORS CARE)
- ✓ Access resources (AUA/EFC Toolkit)



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3	Juanmonino	Serious Senior	<a href="https://www.istockphoto.com/ca/photo/serious-senior-gm170091345-24622692?clarity=false">https://www.istockphoto.com/ca/photo/serious-senior-gm170091345-24622692?clarity=false</a>	iStock standard licence <a href="https://www.istockphoto.com/ca/help/licenses">https://www.istockphoto.com/ca/help/licenses</a>
4	B & F Consulting	What is patient telling you (video screenshot)	<a href="https://www.youtube.com/watch?v=hqKY9v5x2Kg">https://www.youtube.com/watch?v=hqKY9v5x2Kg</a>	Standard YouTube Terms of Use Terms of service: <a href="https://www.youtube.com/t/terms">https://www.youtube.com/t/terms</a>
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