POLICY

To ensure that the community always remains focused upon providing quality and compassionate person directed care in a manner consistent with OAR 411-057-0140.

- Behavioral symptoms will be evaluated and supportive interventions will be implemented in a timely manner. At least quarterly and with a change of condition the LN in conjunction with members of the care team will review each resident who has behavioral symptoms that are disruptive or detrimental to self or others. Personalized behavioral support plans will be developed/revised and implemented to assist the resident in experiencing emotional well being, and live harmoniously with others. Routine and PRN psychoactive medications will not be used unless other interventions have proven to be ineffective.

- Unlicensed staff will not request that a primary care provide prescribe any psychoactive medication.

- Unless otherwise ordered or contraindicated, prior to administering a PRN psychoactive medication at least three non-pharmacological interventions will be attempted and found to be ineffective. The behavior and attempted interventions will be documented at the time the PRN psychoactive medication is administered.

PROCEDURES

- During the evaluation of new residents gather information about any history of behavioral symptoms, description of specific behavior and any known triggers or precipitating events and what has proven to be effective in moderating those behavioral symptoms in the past.
- Incorporate known behavioral symptoms and supportive interventions into resident’s person centered service plan to include any known avoidable triggers for the behavioral symptom.
- Any time a resident exhibits behavioral symptoms rule out contributing factors such as cold, tired, hungry, pain, constipated, over-stimulated, bored, frightened, frustrated, possible UTI etc.
- For residents with known triggers for behavioral symptoms avoid exposing the resident to the known triggers.
- When a resident has behavioral symptoms for which no known triggers have been identified, after ensuring that the resident has returned to a state of emotional wellbeing,
review the event in an attempt to identify trigger(s) for the behavioral symptom and implement behavioral support interventions accordingly.

- Quarterly or with the development of new or increased behavioral symptoms or if non pharmacological interventions are not found to be effective, RN will assess resident and have resident/family and key staff members meet to discuss revision of resident’s person centered service plan and behavioral support interventions.
- If at any time a resident’s behavioral symptoms result in abuse of another resident, staff will follow the steps for reporting abuse and neglect to the appropriate authorities.
- If a resident has behavioral symptoms that are detrimental to self or others and for which the community and primary care provider have not been successful in moderating the behavior, the community will request an inpatient or on site mental health/gero-psych evaluation.
- If a resident’s behavioral symptoms are such that other residents and/or staff continue to be at risk for harm after a conscientious effort (which may include administration of psychoactive or psychotropic medications) to moderate behavioral symptoms the community will meet with the resident/family/guardian to discuss if the resident would benefit from a different living environment.

FORMS
Behavioral/Psychopharmacologic Review and Assessment