BEHAVIOR/INTERVENTION/OUTCOME – Hypnotic/Sedative Medication Monitor Form

Month: _____

NAME–Last | First | Middle | Attending Physician | Record No. | Room/Bed

INSTRUCTIONS: Specify each behavior in the space provided. For each shift, chart the number of events (behavior occurrences). Identify intervention(s) used, outcome and any possible medication side effects observed, using codes provided. All entries must be initialed. Use the comment sheet on the reverse to explain possible changes in behavior, to identify the location of additional documentation, etc. Identify all initials in the space provided on the reverse. Behaviors include: panic attacks, anxiety, aggression, depression, insomnia.

DIAGNOSIS:

SAFETY CONCERNS: ❑ Threat to Self ❑ Threat to Others ❑ Interferes with Care ❑ Other

ROUTINE MEDICATION:

1 BEHAVIOR: **2 BEHAVIOR:** **3 BEHAVIOR:**

INTERVENTION OUTCOME/ SIDE EFFECT CODES

BEHAVIOR MANAGEMENT INTERVENTION

- A. Adjust Environment
- B. Reduce Light/Noise
- C. Assist to Bathroom
- D. Bedtime Routine/ Food/Milk
- E. Assess for Pain
- F. Music to Soothe
- G. Medication Offered
- H. _____
- I. _____

OUTCOME

- **N** = Not Observed/ Unchanged
- **E** = Effective/Improved
- **I** = Ineffective/Worsened
- __ = _____
- __ = _____

SIDE EFFECTS - HYPNOTICS

- A. Headache
- B. Daytime Drowsiness
- C. Lethargy
- D. Lightheadedness
- E. Dizziness/Low BP
- F. "Hangover" Effects
- G. Sleep Disorder
- H. Abdominal Pain/N/V/ Constipation
- I. Pain - Myalgia
- J. Palpitations
- K. Sinusitis
- L. Rash
- M. _____
- N. _____

DATE	DAY					EVENING					NIGHT					DAY					EVENING					NIGHT					DAY					EVENING					NIGHT				
	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials	# Events	Intervention	Outcome	Side Effect	Initials
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COMMENTS

Identify situations that may explain a change in behavior (i.e., medication reduced, room/roommate change, family problem, etc.) or location of additional relevant documentation. NOTE: All entries must be signed with name and title.

IDENTIFYING SIGNATURES FOR ALL INITIALS ENTERED ON FRONT

Initials	SIGNATURE/TITLE	Initials	SIGNATURE/TITLE	Initials	SIGNATURE/TITLE