MONTHLY BEHAVIOR MONITORING FLOWSHEET

Month:_____ Year:_____

INSTRUCTIONS: Record a target behavior in each of the spaces provided (as appropriate). Each shift: record the number of episodes (target behavior occurrences). C = Continuous. Identify intervention(s) used, outcome and any possible medication side effects, using the codes provided. Initial each entry and identify on the reverse. Codes for behaviors and possible side effects provided on the reverse.

DATE	1 TARGET BEHAVIOR: DAY # Episodes	Intervention	Outcome	Side Effect	Initials	EVENING # Episodes	Intervention	Outcome	Side Effect	Initials	NIGHT # Episodes	Intervention	Outcome	Side Effect	Initials	2 TARGET BEHAVIOR: DAY # Episodes	Intervention	Outcome	Side Effect	Initials	EVENING # Episodes	Intervention	Outcome	Side Effect	Initials	NIGHT # Episodes	Intervention	Outcome	Side Effect	Initials	3 TARGET BEHAVIOR: DAY # Episodes	Intervention	Outcome	Side Effect	Initials	EVENING # Episodes	Intervention	Outcome	Side Effect	Initials	NIGHT # Episodes	Intervention	Outcome	Side Effect	Initials
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EPISODE SUBTOTAL																																														

DIAGNOSIS

PSYCHOACTIVE MED

❍ No Psychoactive med at this time

INTERVENTION CODES

1. Toilet
2. Redirect
3. 1:1
4. Offer food
5. Offer fluids
6. Activity
7. Recorded in Nurses Notes
8. Change position
9. Backrub
10. Return to room
11. Change room temperature
12. Medication (should not be 1st choice)
13. _____
14. _____
15. _____

OUTCOME CODES

E = Resolved - no further behavior
I = Improved
U = Unchanged
W = Worsened

SIDE EFFECTS

❍ No side effects observed

TARGET BEHAVIOR 1
1. _____
2. _____
3. _____

TARGET BEHAVIOR 2
1. _____
2. _____
3. _____

TARGET BEHAVIOR 3
1. _____
2. _____
3. _____

SAFETY CONCERNS

❑ Threat to self
❑ Threat to others
❑ Interferes with care
❑ Other_____
❑ Elopement
❑ Disturbs others

This form may be used for the following drug classes, if appropriate:
❑ Antipsychotic
❑ Antianxiety
❑ Antidepressant
❑ Hypnotic
❑ Sedative

EPISODE TOTALS

1	2	3

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

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❑ Continued on Reverse

INDIVIDUAL BEHAVIOR AND POSSIBLE SIDE EFFECTS CODE KEY

Applicable to: ● = Antipsychotic ◆ = Antianxiety, Sedative, Hypnotic ✓ = Antidepressant

BEHAVIORS

1. Afraid/panic*
2. Agitated*
3. Angry*
4. Anxiety*
5. ● Biting
6. Compulsive
7. ● Continuous crying
8. ● Continuous screaming/yelling
9. ● Continuous pacing
10. ● Danger to self
11. ● Danger to others
12. Depressed/withdrawn*
13. ● Extreme fear
14. ● Fighting*
15. ● Hallucinations/paranoia/delusions
16. ● Head banging
17. Insomnia*
18. ● Kicking
19. Mood changes
20. ● Noisy*
21. Pinching*
22. Poor eye contact*
23. Pulling enteral feeding tube*
24. Pulling I.V. lines*
25. Pulling urinary catheter*
26. Restless
27. ● Scratching*
28. ● Slapping*
29. ● Smearing feces*
30. ● Spitting*
31. ● Striking out/hitting
32. ● Throwing objects
33. Uncooperative*
34. Wandering*
35. Other:_____
36. Other:_____
37. Other:_____

**** = Behaviors which alone do not justify psychoactive/psychotropic drugs***

POSSIBLE SIDE EFFECTS

1. ● Akathisia:
   - a. ● Restlessness
   - b. ● Pacing
   - c. ● Inability to sit still
   - d. ● Anxiety
   - e. ● Sleep disturbances
2. ●◆✓ Anticholenergic symptoms
   - a. ●◆✓ Dry mouth, blurred vision
   - b. ●◆✓ Constipation, urinary retention
3. ●◆✓ Anxiety/agitation
4. ●✓ Appetite change/weight change
5. ● Blood abnormalities
6. ●◆✓ Blurred vision
7. ●◆✓ Cardiac abnormalities (tachycardia, bradycardia, irregular heart rate, Neuroleptic Malignant Syndrome (NMS)
8. ●✓ Confusion
9. ●◆✓ Dystonia/torticolis (stiffness of neck)
10. ◆ Hangover effect
11. ●◆✓ Headache
12. ●◆✓ Hypotension
13. ●◆✓ Increased falls/dizziness
14. ●✓ Insomnia
15. ● Pseudoparkinsonism:
    - a. ● Cogwheel rigidity
    - b. ● Bradykinesia
    - c. ●✓ Tremors
16. ●◆✓ Sedation/drowsiness
17. ● Seizures
18. ● Sore throat
19. ●◆✓ Sweating/rashes
20. ●✓ Tardive dyskinesia
    - a. ● Lip smacking/chewing
    - b. ● Abnormal tongue movement
    - c. ● Spasmodic movement of arms/legs
    - d. ● Rocking/swaying
21. ●◆✓ Urinary retention/hesitancy
22. ◆✓ Weakness
23. Other:_____
24. None

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, title and date.

IDENTIFYING SIGNATURES FOR ALL INITIALS ENTERED ON FRONT

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

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