Observe - Analyze - Respond

OAR *Propel or Steer*

Dementia Care Culture

BEHAVIOR (REACTION) IDENTIFICATION

Goal: Identifying a behavior (reaction) that is individually evaluated and acted on.

Instruction: Document specific information in each identified area that is then summarized, evaluated and implemented to meet resident needs.

DATE/TIME of Behavior (Reaction):_____

IDENTIFIED Behavior (Reaction):_____
_____
_____

DESCRIPTION of What Occurred During Event (Ex: Removed Left Shoe and Threw It):_____
_____
_____
_____
_____

LOCATION (Ex: Dining Room, Hallway by Apt. 5):_____
_____

FREQUENCY (How Often/Time of Day, Ex: Before Breakfast, After Lunch):_____
_____

TIME Lapse (Event Lasts for Ex: 30 Seconds/5 Minutes):_____

PERSON or Persons Present (Ex: Family Member, Specific Resident, Staff Member):_____
_____

CAREGIVER Reaction (Verbal/Nonverbal Response, Ex: Raised Voice/Walked Away From Resident):
_____
_____

IDENTIFY Unmet Need (Ex: Pain, Hunger, Use Bathroom):_____
_____
_____

INTERACTION (GOOD PRACTICE) (Specific to Meet Need):_____
_____
_____
_____

COMMUNICATED to Caregiver Team Members (List Team Members):_____
_____
_____

NAME–Last	First	Middle	Attending Physician	Record No.

BRiGGS Healthcare®

BEHAVIOR (REACTION) IDENTIFICATION

Summary of Behavior (Reaction), Trigger, Intervention (Good Practice) and Outcome at This Time:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Observer Printed Name/Title:_____

Signature:_____ **Date/Time:**_____

NAME–Last	First	Middle	Attending Physician	Record No.