**INSTRUCTIONS FOR COMPLETING BEHAVIOR MANAGEMENT  
DOCUMENTATION RECORD**

1. Enter resident's name and room number. Enter month and year that this documentation covers. For example, enter March 2002, for all incidents of behavior that occur during the month of March. This documentation record is to be replaced monthly while the resident is on Behavior Monitoring and/or Management.
2. Behaviors: Circle the behaviors that are being monitored. Write in any other behavior that is being monitored under "other".
3. Things to Try: Enter resident specific individualized interventions under "Things to Try", numbers 1-5.
4. Other Interventions: Circle any of the interventions under "Other Interventions" that you are using.
5. Date: Enter date that the behavior occurred.
6. Behavior: Enter the # or #'s of behaviors from "Behaviors" column. For example, if the resident hit and spit, enter #1 and #5 in this column.
7. Activity: Enter what the resident was doing at the time the behavior occurred. For example, bathing, eating, taking medications.
8. Time: Enter the time that the behavior occurred.
9. Interventions: Enter the # or #'s of the interventions used from the "Things to Try" or "Other Interventions" columns. For example, if you used #1 from the individualized interventions and #12 from other interventions, you would enter #1, #12 in this column.
10. Outcomes: Enter a "+" for improvement, a "0" for no change, or a "-" (minus) for worsening behavior.
11. Initials: Enter your initials.
12. Reported to Nurse: Enter "yes" or "no"
13. Month: (Page 2) Enter month that this documentation covers.
14. Total: Enter total # of episodes of each behavior.
15. Signatures: Each member of the Behavior Management team enters signature.

**INSTRUCTIONS FOR COMPLETING BEHAVIOR MANAGEMENT  
DOCUMENTATION RECORD**(continued)

* Documentation is to be done by exception. If resident does not have behaviors, no documentation is required. Document only when behaviors occur.
* Documentation record should be maintained in an area that is accessible to all staff that might witness a behavior that should be documented. (See Policy and Procedure)
* The Behavior Documentation Record provides quantitative documentation of behaviors as required by the Federal Regulation.
* After review of this record, the team should make a decision whether or not to continue the Behavior Management Program. If the interventions are not successful, enter new approaches under "Things to Try". If the program is successful with the current approaches, then move the approaches to the care plan and discontinue the program. If, after 4-8 weeks, it is clear that after creative, individualized approaches have been used, the resident is not benefiting from the program, it should be discontinued. The record will also provide information as to the success or failure of a Gradual Dose Reduction.
* Behavior Documentation Record should be filed in the clinical record after each monthly Behavior Management meeting.