<table>
<thead>
<tr>
<th>RESIDENT:</th>
<th>ROOM#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Clinician:</td>
<td></td>
<td></td>
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<tr>
<td>Medication:</td>
<td>Dose:</td>
<td>Frequency:</td>
</tr>
<tr>
<td>Route:</td>
<td>Scheduled or PRN:</td>
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<tr>
<td>Diagnosis/clinical rationale:</td>
<td></td>
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<tr>
<td>Target behavior(s):</td>
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Target behavior(s) observed w/in last 7 days:

Document the ongoing progress and/or possible causes of the target behavior(s). Include who was involved, what happened, where and when it occurred, why it possibly occurred, and how it affected the resident or others:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

**FACILITY PROCESSES**

Is there documentation of an evaluation of possible environmental, medical, physical, emotional, social, functional or psychiatric causes or triggers of the resident’s behavior? YES | NO*

Has pain been considered as a possible cause of behavior? YES | NO*

Have medications been considered as a possible cause of behavior? YES | NO*

Are there individualized, person-centered non-medication interventions and therapeutic approaches included in the care plan? YES | NO*

Are these interventions and approaches utilized by the staff? YES | NO*

*If any of the above are answered NO, action is necessary to include these in resident’s clinical record.

Notes on effectiveness of non-medication interventions and therapeutic approaches used:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

**Continued on other side**
Is there documentation of risk/benefit discussion with resident or legal representative when obtaining consent and interdisciplinary team before the initiation of medication?  YES  NO*

*If answered NO, action is necessary to include this in resident’s clinical record.

Describe any observed changes in the frequency/intensity of the primary target behavior(s) after medication was started:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CLINICAL MONITORING

In the last six months has resident gone to the ER or Hospital secondary to target behavior?  YES  NO

Has the resident experienced adverse effects or functional decline due to medication?  YES  NO

If YES, describe: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If started outside facility, is medication still necessary after individual has acclimated to the facility?  YES  NO

Has a gradual dosage reduction (GDR) been attempted in the last 3 months?  YES  NO

If YES, outcome of the GDR: _______________________________________________________
________________________________________________________________________
________________________________________________________________________

If NO, is GDR appropriate at this time?  YES  NO

(NOTE: GDR is recommended every three months when behavior frequency/intensity remains at a manageable level. Consult with prescribing physician.)

If GDR is not appropriate, has physician documented a clinical explanation for maintaining the medication at the current dose?  YES  NO

(NOTE: For residents with dementia, at least one attempt at GDR should be initiated within the facility unless behaviors are causing severe distress or harm to self or others.)

Comments: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________________________ Date: _______________________
(Name/Title/Credentials)