

# IDENTIFICATION AND REPSONSES TO BEHAVIORS : True or False

2015

Name \_\_\_\_\_

Question	True	False
1. Drug interventions are considered first line by expert opinion for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD)		
2. Being able to better predict and prevent what may trigger behaviors is a waste of time.		
3. Caring for people with dementia can be personally and professionally challenging.		
4. Safety huddle team members can include family, doctors, residents, laundry staff, housekeeping, kitchen, care aids, nurses, social work, dietician, and maintenance personnel.		
5. Nurses use the Glasgow Coma Scale to measure the sedative effects of medications to aid in deciding to hold medications or not.		
6. BPSD means 'blood pressure symptoms of dementia		
7. All behaviors have meaning and that it is normal for people to have patterns of behavior.		
8. After identifying behavior a safety huddle can be called together by any member of the care team. A safety huddle helps the Team put together the PIECES to identify possible triggers and care plan interventions.		
9. Appropriate antipsychotic treatment targets are: aggressive behavior (especially physical), hallucinations, and delusions.		
10. Wandering, hiding, hoarding, repetitive activity, vocal disruption, Inappropriate dressing/undressing, and inappropriate voiding are behaviours that will not respond to medication.		
11. The Interdisciplinary and Nursing teams need to identify the triggers for behavioral responses in order to initiate preventative measures and supportive interventions.		
12. A care plan implemented consistently and that takes into consideration who the individual is and what the potentially modifiable factors are (e.g. environmental and staff approach) will assist in promoting a sense of well-being within the adult in care.		
13. Being able to better predict and prevent what may trigger behaviors and early intervention to mitigate some risks associated with potentially harmful behaviors remains a key focus for staff working with adults.		
14. Families and Residents need to be ignored as full partners in care to their desired level.		
15. The Clinical Practice Guideline provides knowledge and tools for the care team to better predict, prevent and in intervene when an individual is displaying potentially harmful behaviors.		
16. Verbal or Physical Aggressive behaviors do not need to be documented in PCC Risk Management.		
17. The ABC's of Identification and Response to Behaviors is a tool for staff.		

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Name \_\_\_\_\_

Question	True	False
18. Drug interventions are considered first line by expert opinion for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD)		x
19. Being able to better predict and prevent what may trigger behaviors is a waste of time.		x
20. Caring for people with dementia can be personally and professionally challenging.	x	
21. Safety huddle team members can include family, doctors, residents, laundry staff, housekeeping, kitchen, care aids, nurses, social work, dietician, and maintenance personnel.	x	
22. Nurses use the Glasgow Coma Scale to measure the sedative effects of medications to aid in deciding to hold medications or not.	x	
23. BPSD means 'blood pressure symptoms of dementia		x
24. All behaviors have meaning and that it is normal for people to have patterns of behavior.	x	
25. After identifying behavior a safety huddle can be called together by any member of the care team. A safety huddle helps the Team put together the PIECES to identify possible triggers and care plan interventions.	x	
26. Appropriate antipsychotic treatment targets are: aggressive behavior (especially physical), hallucinations, and delusions.	x	
27. Wandering, hiding, hoarding, repetitive activity, vocal disruption, Inappropriate dressing/undressing, and inappropriate voiding are behaviours that will not respond to medication.	x	
28. The Interdisciplinary and Nursing teams need to identify the triggers for behavioral responses in order to initiate preventative measures and supportive interventions.	x	
29. A care plan implemented consistently and that takes into consideration who the individual is and what the potentially modifiable factors are (e.g. environmental and staff approach) will assist in promoting a sense of well-being within the adult in care.	x	
30. Being able to better predict and prevent what may trigger behaviors and early intervention to mitigate some risks associated with potentially harmful behaviors remains a key focus for staff working with adults.	x	
31. Families and Residents need to be ignored as full partners in care to their desired level.		x
32. The Clinical Practice Guideline provides knowledge and tools for the care team to better predict, prevent and in intervene when an individual is displaying potentially harmful behaviors.	x	
33. Verbal or Physical Aggressive behaviors do not need to be documented in PCC Risk Management.		x
34. The ABC's of Identification and Response to Behaviors is a tool for staff.	x	

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