# Trigger for BOOST

## Behavioural Optimization Outcome Support Team:

☐ Aggressive Behaviour ☐ History of Aggressive Behaviour ☐ Transfer from a Tertiary Behaviour Unit

☐ Physician Referral ☐ Code White ☐ Incident Report

Note: If warranted, remind staff to complete an Incident Report

BOOST called by (name, role): _____ Unit: _____

MRP aware of consult? ☐ Yes, name of physician informed: _____

Age: _____ Gender: ☐ Male ☐ Female From: ☐ Home ☐ RH ☐ LTC ☐ Other: _____

**Reason for Admission:**

**Medical History:**

**Baseline orientation, memory and functioning:**

**Communication Barriers:** ☐ Impaired language skills, main/first language is: _____
**Sensory Barriers:** ☐ Hearing impairment ☐ Visual impairment
**Psychiatric History** *(diagnoses, prior treatments, prior admissions, substance use)*:

**Personal History** (*premorbid personality, responses to stressful situations)*:

**Behavioural History**:

1) Challenging/Responsive Behaviours *(check all that apply and add comments)*:

☐ Yelling out ☐ Unsafely trying to get out of bed or walk **Comments:**

☐ Striking at staff ☐ Pulling at medical equipment

☐ Resistive to care ☐ Exit seeking/Entering off-limit areas

2) Triggers/Features that seem to make the behaviour worse *(check all that apply and add comments)*:

☐ Pain ☐ Physical exam/Vital signs assessment **Comments:**

☐ Communication Barrier ☐ Investigations/Tests

☐ Feeding ☐ Bathing/Personal care

☐ Medication Administration ☐ Cognitive Impairment

☐ Voiding problems/Constipation

3) Interventions that have been helpful in hospital or other settings *(check all that apply and add comments):*

- ☐ Speaking slowly
- ☐ Treating pain
- ☐ Providing activity
- ☐ Toileting
- ☐ Redirecting verbally
- ☐ Reducing stimulation
- ☐ Distraction
- ☐ Providing food/drink
- ☐ Involving family
- ☐ Medications (specify):

**Comments:**

**Input/Collateral from Clinicians in Hospital:**

**Input/Collateral from Family/Friends/Private caregivers:**

**Input/Collateral from community care providers:**

**Assessment of Patient** *(Mental Status/Cognitive/Behavioural)*:

**Current Medications:**

*(including psychiatric medication reconciliation)*

**Impression** *(Main Behaviour Problem/Impacts/Triggers)*:

**Interventions** *(Behavioural, Environmental, Medications)*: