Trauma Informed Care
Quarterly Review

VALLEY VISTA CARE CORPORATION

REVIEW DATE

NAME | Rm # | Admit Date

DOB | Age | Weight

POST Summary

A. CPR
- ☐ 1. Do Not Resuscitate (No Code/DNR/DNAR)
- ☐ 2. Resuscitate (Full Code)

B. Medical Interventions: Has pulse & breathing:
- ☐ Comfort measures only
- ☐ Limited additional interventions
- ☐ Aggressive interventions

C. Artificial Fluids & Nutrition
- ☐ **Y** ☐ **N** Feeding tube
- ☐ **Y** ☐ **N** IV fluids

Antibiotics & Blood Products
- ☐ **Y** ☐ **N** Antibiotics
- ☐ **Y** ☐ **N** Blood products

D. Advanced Directives
- ☐ Living Will
- ☐ DPAHC ☐ Other

SECTION 1.): Diagnostic

Medical & Neurocognitive
- ☐ Dementia Related Condition Choose an item.
- ☐ TBI ☐ Parkinson's ☐ Huntington's
- ☐ Other

Mental Illness
- ☐ Bipolar Disorder ☐ Schizophrenia ☐ Anxiety D/O's
- ☐ Schizoaffective DO ☐ Depressive D/O's
- ☐ Other

☐ **PHQ9**	Score	Date	**AIMS**	Score	Date
☐ **BIMS**					

SECTION 2.): Psychotropic & other relevant medications

Medication	Dose	Frequency	Target Symptom

SECTION 3.): Behavioral symptoms & interventions summary

Targeted Behavior	Frequency	Prescribed Intervention (non-pharm)	Effectiveness

Other Interventions – What else have we done to help the Resident?		
☐ Specialist Consult	☐ Pharmacological Intervention	☐ Other – not prescribed

SECTION 4.) Behavioral influencers, triggers, and other causes

-Physiological-

☐ Dementia related (memory, impulse control etc.) ☐ Pain ☐ UTI
☐ Hunger ☐ Too much energy ☐ Lack of energy ☐ Allergies
☐ Constipation ☐ Menopausal ☐ Dental pain ☐ Insufficient meds.
☐ Med side effect ***Sensory*:** ☐ Eyesight ☐ Hearing
☐ Other

-Environmental-

☐ Temperature ☐ Proximity to others ☐ Noise
☐ Uncomfortable furniture ☐ Smell ☐ Air quality
☐ Limited physical space ☐ Dislike of food

☐ Other

-Psychological-

☐ Depression ☐ Thought processing ☐ Hallucinations ☐ Loneliness
☐ Healthy attention seeking ☐ Anxiety ☐ Staff disapproval ☐ Worry
☐ Antisocial behavior ☐ Delusions ☐ Fear ☐ Mania ☐ Phobias
☐ Other

Trauma Informed Care

☐ **Trauma Related**

-Social-

☐ New to setting ☐ Changes to expectations
☐ Boredom ☐ Provoked by others
☐ Disapproval of setting ☐ Changes in staff
☐ Other

Cultural Competency

☐ **Cultural Related**

SECTION 5.): Behavior Care Unit eligibility/criteria

☐ First screening ☐ Established resident – prior screenings

1. Does Resident have characteristics defined in sections a. or b.?

a. Medically based disorder which causes significantly diminished capacity for judgement, retention of information and/or decision- making skills? ☐ **Yes** ☐ **No**

Medically Based Behavioral Disorder

b. Medically based mental health disorder or diagnosis and a high level of resource use?

☐ **Yes** ☐ **No**

Medically Based Mental Health Disorder

2. All unit participants shall have history of demonstrated need for additional resources to provide for disruptive behavior(s), requiring enhanced resources use from nursing facility staff, evidenced by one or more of the following: a-e

a. Socially inappropriate/disruptive behaviors such as disruptive sounds, noise, screaming, self-abusive acts, sexual behavior or disrobing in public, smearing/throwing food/feces, hoarding, rummaging through belongings of other participants etc.?

☐**Yes** ☐**No**

Supporting Information

b. Intrusive wandering behavior, ambulating with no rational purpose, seemingly oblivious to their needs or safety? ☐**Yes** ☐**No**

Supporting Information

c. Verbally abusive behaviors?

☐**Yes** ☐**No**

Supporting Information

d. Physically abusive behaviors?

☐**Yes** ☐**No**

Supporting Information

e. Behavior that resists cares?

☐**Yes** ☐ **No**

Supporting Information

SECTION 6.): Discharge Planning Considerations

A. Has the residents condition improved to the point where a transfer to a less restrictive environment is warranted?

☐ **Y** ☐ **N** If yes, consider moving to a lower level of care

B. Does the resident continue to benefit from the specialized program?

☐ **Y** ☐ **N** If no, consider other level of care

C. Has the resident or responsible party refused to allow interventions that are determined to be helpful?

☐ **Y** ☐ **N** If yes, consider other level of care

D. Has the resident become a danger to self or others and cannot be managed in the BCU?

☐ **Y** ☐ **N** If yes, resident requires higher level of care

E. Has the resident had an acute physical illness or complications that require ↑ level of medical care than available in the facility.

☐ **Y** ☐ **N** If yes, resident requires a higher level of care

DETERMINATION
☐ Meets BCU level of care
☐ Does not meet BCU level of Criteria

Level Of Care Considerations		
☐ SNF-General	☐ RALF	☐ RALF-Memory
☐ BCU (other)- Secured	☐ Other	

PASRR Updated ☐ Yes ☐ No

Team Considerations & Recommendations

Completed By:		
Name	**Title**	**Credential**

Date Completed	