

Worksheet B: EDGE Worksheet for Describing Disruptive Behavior

(Fill out a worksheet for each disruptive behavior that the resident displays.)

Resident Name: Unit:	Name of person filling out worksheet: Title:	
Type of Behavior: (Check all that apply and describe behavior in few words under each type of behavior checked: e. g. under VDB: intermittent screaming; under PAB: bites staff during bath; under Other: sexually aggressive - continuously tries to sit in lap of a male resident during music group despite his protest)	Verbally Disruptive Behavior (VDB):	<input type="checkbox"/>
	Physically Aggressive Behavior (PAB):	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

Date:	Time:	Location:
--------------	--------------	------------------

(Describe what you saw): Situation before Disruptive Behavior (Resident was

(Describe what you saw): Describe Disruptive Behavior (Resident

Intensity: How upset was the resident? How did (s)he show this? Check level of intensity and describe (compared to usual behavior when not upset): Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Duration: (How long did it last?) (Check one that applies)	
	1. Less than 1 min.	<input type="checkbox"/>
	2. 1-3 min.	<input type="checkbox"/>
	3. 3-10 min.	<input type="checkbox"/>
	4. ___ min	<input type="checkbox"/>
5. ___ times in ___ hour(s)		

Staff/other reaction after Disruptive Behavior *(What did staff/others do or say)*

Resident reaction after Disruptive Behavior (*What did resident do or say*)

Possible triggers: (*What do you think caused the resident to react with disruptive behavior?*)

Possible unmet resident need:

What seems to increase this behavior:

What seems to decrease this behavior:

Suggested approaches for care:

- 1.
- 2.
- 3.

Reviewed by:

Signature:

Date:

Form developed by Ann Marie Bradley, RN, BS