



Policy and Procedure Dementia Care

Title: Mood/Behavior Evaluation and Management

Effective: June 2021

Reviewed: December 2025

Document No.: 11-102

Accountability: All Staff, Registered Nurse

Background: 144G.82 Subd.3(2)

Policy:

The facility will review target mood and behaviors on residents to assure that appropriate care and interventions for those residents are being implemented. This review will occur on a quarterly schedule unless a change of resident condition indicates that the review needs to occur more frequently. Residents with known behaviors that place them at risk for injury will have an Individualized Abuse and Prevention Plan in place which will be individualized to the needs of the resident. A review of mood and behaviors within the resident assessment will be completed quarterly by a registered nurse (RN) to assure that appropriate interventions remain in place in the resident's plan of care to decrease incidents of mood or behavioral problems.

Procedure:

1. An RN will complete a resident assessment that reviews mood and behaviors on each resident upon admission and every 90 days thereafter unless a change in resident condition indicates a need for more frequent assessment review and updates.

The assessment includes:

- Review of diagnoses
- Review of psychotropic medications
- Review of target behaviors
- Review of potential causal factors
- Review and effectiveness of interventions in place

2. An RN will initiate daily target mood/behavior monitoring upon admission or as needed for those residents with mood/behavior concerns based on the resident assessment.
3. The care plan will identify specific interventions to be used as a guide for staff caring for residents with behaviors. If these interventions become ineffective, they will be removed and the care plan will be updated to include interventions that are effective.
4. Residents with aggressive behaviors that put them at risk of injury will have this identified within their Individualized Abuse and Prevention Plan. This plan will include a list of interventions that are individualized for that resident to minimize their risk.
5. Staff will utilize input from the psychologist, primary physicians, geriatric psych unit staff and/or other professional staff for medication management, care plan interventions, staff education, etc. when needed.
6. Staff education on behaviors will be provided upon hire and annually for those caring directly for residents who have dementia with behaviors.
7. Staff will report changes in resident mood and behavior to the RN.