# Documenting Use of the Serial Trial Intervention

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Observed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Physical Assessment** *consider assessing one of more of the following areas:*

| **Assessment Area** | **Assessment Findings** | **Targeted Treatment(s)**  **Planned and Utilized** |
| --- | --- | --- |
| * Verbal cues * Ability to perform activities of daily living (ADL) * A change in activity * Social cues * Appetite or weight changes * vital signs * body part cues * acute increased confusion * body systems * urine dipstick * review of history, medications, and treatments |  |  |

2. **Affective Assessment** *Assess each of the following:*

| **Assessment Question** | **Assessment Findings** | **Targeted Treatment(s) Planned and Utilized** |
| --- | --- | --- |
| Is there environmental stress that can be reduced? | NO or YES  If YES, describe |  |
| Does the person have a balance between sensory stimulating and sensory calming activity? | NO or YES  If NO, describe |  |
| Does the person get at least 2 ten minute periods of meaningful human interaction daily? | NO or YES  If NO, describe |  |

3. **Trials of NONPHARMACOLOGICAL Treatments** *Try at least 3 nonpharmacological treatments to try to alleviate the behavior*

| **Trial Treatments Effectiveness** *(at least 3 recommended)* |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |

4. **Trial of Analgesics** *Give a prescribed analgesic to try to alleviated the behavior*

| **Effective?** | **Drug and Dose Administered** |
| --- | --- |
| NO or YES |  |
| **If Ineffective:** **<** | **Dose escalation or drug change needed?**  NO or YES  **OR**  **Move to Step 5?**  NO or YES |

5. **Trial of Psychotropics/Consultation**

| *You may need to consult the primary care physician, advanced practice nurse prescriber or the geropsychiatrist if all of the previous steps fail.* |
| --- |
| **Consulted with:**  1.  2. |
| **Prescribed Psychotropic administered:** |
| **Effective?**  NO or YES |

*If consultation is ineffective, repeat the consult or trial a prescribed PRN psychotropic.*

*If the behavior continues, repeat the STI.*