

**Behavior Plan**  
(see reverse for specific items)

Patient Name: **Moira R.**  
Original Date of Development: **5/15/20**  
Revision Date: N/A  
Rehab Physician: **Dr. Siu**  
Rancho Level: **5 (Confused, Inappropriate)**

Supervision Needed: 1:1 Companion  
15 minute checks  
**30 minute checks**  
Hourly rounding

Elopement Risk: **YES** NO

Environmental Modifications Needed: **Low Bed** **Fall Mats** **Bed/Chair Alarm**  
**No TV** **Dim Lights** **Bed against the wall**  
**Close to nurses' station** **Private Room**  
**Toileting Schedule** **Pain Medication Schedule**  
**Set therapy schedule** **Limit Visitors**  
**Wander Guard** **No Tablets/Phones**

Signs of Escalation: **Yelling** **Hitting** **Kicking** **Spitting**  
**Cursing** **Pacing** **Restlessness** **Rocking**  
**Refusing Care** **Refusing Food** **OTHER:**

Diversional Activities: **Reading** **Music at low volume** **Cards** **TV**  
**Call Family** **Nap** **Look at pictures** **Memory Book**  
**Conversation** **Walk** **Push in wheelchair**  
**Sit outside** **Snack** **OTHER:**

Preferred Staff: **Allison, Speech Therapy** **Sandy, Nurse Tech**  
**Emily, Occupational Therapy** **Michelle, Nurse**  
**Ruth, Physical Therapy** **OTHER:**

Family Members: **Johnny, Husband** **Alexis, Daughter**  
**David, Son** **Patrick, Son-in-Law**  
**Hank, Bulldog** **OTHER:**

Preferred Foods/Drinks: Coffee; Ice Water; Unsweetened Iced Tea; Cheese; Cheetos;  
Pretzels

Preferred Conversation Topics: Soap Operas; Theatre; Fashion; Hank; Family

Preferred TV: Soap Operas

**USE MEMORY BOOK THAT'S IN BACK OF WHEELCHAIR**