

# Documenting Use of the Serial Trial Intervention

Name \_\_\_\_\_

**BEHAVIOR OBSERVED:**

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**1. PHYSICAL ASSESSMENT** Consider assessing one or more of the following areas:

	ASSESSMENT FINDINGS:	TARGETED TREATMENT(S) PLANNED & UTILIZED:
<ul style="list-style-type: none"> <li>• verbal cues</li> <li>• ability to perform activities of daily living (ADL)</li> <li>• a change in activity</li> <li>• social cues</li> <li>• appetite or weight changes</li> <li>• vital signs</li> <li>• body part cues</li> <li>• acute increased confusion</li> <li>• body systems</li> <li>• urine dipstick</li> <li>• review of history, medications, and treatments</li> </ul>		

**2. AFFECTIVE ASSESSMENT** Assess each of the following:

	ASSESSMENT FINDINGS:	TARGETED TREATMENT(S) PLANNED & UTILIZED:
Is there environmental stress that can be reduced?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe:	
Does the person have a balance between sensory stimulating and sensory calming activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes If No, describe:	
Does the person get at least 2 ten minute periods of meaningful human interaction daily?	<input type="checkbox"/> No <input type="checkbox"/> Yes If No, describe:	

**3. TRIALS OF NONPHARMACOLOGICAL TREATMENTS** *Try at least 3 nonpharmacological treatments to try to alleviate the behavior*

TRIAL TREATMENTS (at least 3 recommended)	EFFECTIVENESS
1.	
2.	
3.	
4.	

**4. TRIAL OF ANALGESICS**

*Give a prescribed analgesic to try to alleviate the behavior.*

<b>Drug and dose administered:</b>	
<b>Effective?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>If ineffective</b>	<b>Dose escalation or drug change needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Move to Step 5?</b> <input type="checkbox"/> No <input type="checkbox"/> 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.*

<b>Consulted with:</b>
1.
2.
<b>Prescribed Psychotropic administered:</b>
<b>Effective?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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