

**Physical Factors Contributing to BPSD**  
*BPSD Clinical Algorithm Review Working Group May 2013*

Area of care that Contributes or Triggers Behaviour	Examples	Screening Tool and Clinical Indicators
Medication Management*	New drug, new dose, side effects, toxicity, polypharmacy	Appropriate Medications CAP**
Pain Management* & Discomfort	Pain, hunger, thirst, cold, fatigue, contractures	Pain Scale**, PAINAD, NOPAIN
Functional Mobility* Range of Motion of Joints	Contractures, primitive reflexes (grasp, paratonia), restraint	ADL Short & Long Scales**, ADL Self Performance Hierarchy Scale**, Physical Restraint CAP**
Falls	Increased falls; ability to stand, walk, transfer	Falls CAP**
Nutrition/Hydration Management*	Weight loss, dehydration, substance use	BMI, Weight Record, Dehydration CAP**
Bowel/Bladder Management*	Urinary retention (Post Void Residual > 300ml), constipation, impaction, infection, trouble finding toilet	Bowel and Voiding Record, Bowel CAP**, Urinary Incontinence CAP**, Bladder Scan, Urine C&S
Vision/Hearing Communication	Vision/hearing loss; aphasia (eg. dementia, stroke)	Communication CAP** <sup>1</sup>
Chronic medical illness New acute illness	Co-morbidity (eg. delirium, COPD, CHF, metabolic)	CHESS Scale**, Delirium CAP**, CAM & PRISME
Skin integrity	Skin breakdown	Pressure Ulcer CAP**, Braden Scale (or alternate)

(\*)The 48/6 Model of Care for hospitalized seniors (aged 70 and older) in B.C. is an integrated care initiative which addresses six care areas of functioning through patient screening and assessment (assessments are completed only where screening shows areas of concern). Screening and/or assessments are then supported by the development of an individualized care plan to address key areas of health for the senior. The six functional care areas are cognition, mobility and falls, bowel/bladder management, nutrition/hydration, pain and discomfort, and medications. For more information, please see <http://bcpsqc.ca/clinical-improvement/hospital-care-for-seniors/>.

(\*\*) a RAI MDS 2.0 tool

<sup>1</sup> If the Communication CAP DOES NOT trigger, there may still be a communication problem. This CAP will only trigger if there is a difference between their cognition and communication abilities.