Progressive Intervention Protocol for _____ DATE _____

Behavior (defined) of concern: _____

Directions: All Section A interventions are to be completed by caregivers after the person demonstrates the behavior of concern and is unable to calm after a period of time determined by the treatment team. Caregivers are to check on the person throughout this entire intervention as detailed in the schedule listed below - if the caregiver leaves the area, please make sure this responsibility is assumed by another caregiver. The steps in Section A can be done in any order.

Section A. Comfort Measures: go through each step, wait a minute or two to assess impact and then move to Section "B"			
1.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** caregiver name:
2.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** caregiver name:
3.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** caregiver name:
4.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** caregiver name:
Section B. Health Interventions per MD directions			
1.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** RN name:
2.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** RN name:
3.	TIME:	Client's location: _____ ❑ This step helped client calm, **OR** ❑ Client refused this step, **OR** ❑ Client remained upset after attempting this step	**Print** RN name:
4.	TIME:	❑ Suggested intervention is_____ _____	**Print** RN name:

AFTER COMPLETING THIS FORM, PLEASE PLACE IN CLIENT CHART.

PROGRESSIVE INTERVENTION PROTOCOL DOCUMENTATION

The Progressive Intervention Protocol (PIP) is used to understand the relative efficacy of comfort measures and/or health interventions in the treatment of behavioral concerns exhibited by a client. Interventions are determined by the client's team after careful observation of the behavior and consideration of the specific needs demonstrated by the client. Example comfort measures might include a brisk walk outside for someone this is known to help calm, sensory-based interventions such as rocking in a chair or bouncing on a therapy ball, or the application of a vibration device on the forearm when known to soothe someone. Common health interventions might include the application of a cold compress on the abdomen, use of an antacid or pain reliever, or an MD prescription designed to target a client's specific symptoms. Over time, when consistently used to record caregiver efforts, an understanding of the relative merits of each approach can be gained and a more targeted intervention can then be designed if necessary.

Steps

1. Complete client name and date
2. Carefully define behavior of concern so that all caregivers agree and can recognize it when it occurs.
3. Identify Comfort Measures and document in Section A. Include steps caregivers should attempt before proceeding to next step.
4. With MD/Psychiatrist and RN input, identify Health Interventions and record in Section B. Generally, Section B steps are to be followed sequentially from the first to the last unless otherwise directed by RN. Amount of time between interventions should be recorded with each step (e.g., Give 800 mgs ibuprofen by mouth, wait 30 minutes to judge efficacy).
5. Times each step is attempted, location of client, impact of intervention, and caregiver/RN name are to be recorded in each step.
6. After completion, place in client record.