P.I.E.C.E.S. Assessment Worksheet

Name of Resident/Client/Patient:	**Date:**

Date of Birth:	Physician:
Agency/LTCH/Hospital:	Date Admitted:
Living Situation prior to admission:	
Allergies:	Assessment Initiated by:

1. What has changed?

What is the behavioural concern? *Is it a change for this person because it is new; when did it emerge? Did the behavior already exist; if so is it worse or different and when did the change emerge?*

2. What are the RISKS and possible causes (think P.I.E.C.E.S.)?

RISKS*: Whenever a behaviour has been identified as a concern you must always assess for risk. Consider the* ***type*** *of risk using the* ***RISKS*** *acronym below and then assess for the* ***degree*** *of risk-how imminent is the risk?; Is the risk increasing?)*

Roaming/ Wandering Differentiate between strolling in hallway, & wandering, pacing &/or seeking exit.	
Imminent Physical risk Frailty/Falls Fire Firearms	Is there a history of **Delirium?**
Suicide Expressed thoughts Plan History of suicide attempt	Did you ask?
Kinship Relationship Risk of harm caused by the person to others, or risk of harm to the person by other people	
Self Neglect **S**afe Driving **S**ubstance Use/Misuse	Safe driving to include car, wheelchair, scooter, etc.

Remember: ***RISKS*** *should always be considered in the context of the person's values, wishes, beliefs and life experiences.*

Developed by PRCs in collaboration with PRPs in Southeastern Ontario; Revised by Interior Health Residential Services
January 2014

P.I.E.C.E.S. Assessment Worksheet

Name of Resident/Client/Patient:	Date:

CAUSES (Think P.I.E.C.E.S.)		
Physical – 5D's • **CAM (Confusion Assessment Method)** • **I WATCH DEATH**	**Delirium**: ***A medical emergency.*** *Acute onset, fluctuating symptoms, decreased attention, marked loss in functional abilities or communication, sleep disturbances, restlessness or agitation, change in cognition/ orientation, hallucinations.* ***Investigations: Urinalysis, Bloodwork, Chest X-Ray***	*Consider any sudden changes in behaviour over days-weeks – look for medical cause.*
	Disease: *Consider all chronic & new infections/illnesses or disease processes. Note current physical disorders and past medical history & surgical procedures with dates where possible*	
• **RAI - Pain Scale** • **PAINAD**	**Discomfort:** *Consider all possible causes of pain (verbalized or not): acute, chronic or terminal pain. Consider arthritis, osteoporosis Constipation, dental pain etc Is analgesia ordered at regular times or prn?*	*Assess behaviour for signs of* ***PAIN*** *– is the person able to self-assess effectively?*
	Disability: *Consider all sensory & motor function deficits, with emphasis on hearing and vision. Consider the need for assistive and corrective devices.*	
	Drugs: *List all present meds; any recent med* ***changes*** *including any past trials of antidepressants, anxiolytics, antipsychotics, mood stabilizers or cognitive enhancers. Include all prescription drugs, over the counter drugs, herbal preparations and alcohol. Consider illegal substances.* *How are meds taken? Crushed?*	**Present Meds** **PRN**

Developed by PRCs in collaboration with PRPs in Southeastern Ontario; Revised by Interior Health Residential Services
January 2014

P.I.E.C.E.S. Assessment Worksheet

Name of Resident/Client/Patient:	Date:

Intellectual – 7A's • **Mini Cog** • **Clock Test** • **RAI – Cognitive Performance Scale**	*Note changes in memory, orientation, language skills or comprehension, reasoning and abstract thought, insight and judgement, concentration* *Has this person been Dx with a dementia? When and by whom?*	
Emotional – 4D's • **Cornell Scale for Depression** • **SIG E CAPS** • **RAI – Depression Rating Scale** • **7 D's for psychosis & behavioural challenges**	*Note changes in mood- irritability, withdrawal, loss of interest, loss of engagement in recovery, appetite and sleep disturbances, delusions, hallucinations, psychosis.* *Check for hx of mental health illness especially depression & suicide attempts. Note any antidepressant, anti-anxiety meds.*	
Capabilities • **Lawton Brody** • **RAI – ADL Scales** • **FAST**	*What are the person's functional abilities? Consider:* • *Eating* • *Hygiene/grooming* • *Dressing* • *Toileting* • *Ambulation/transfers* • *Sleep* *Note excessive demands made on the individual that exceed his/her actual abilities. Note impact of* ***agnosia*** *&* ***apraxias****. Assess person's comprehension of direction and ability to execute tasks.*	
Environment	*Potential environmental triggers for changes in behaviour: Consider noise, over (under) stimulation, relocation, privacy, use of restraints,(g-tubes, catheters), odours, lighting, colours, patterns, environmental cues e.g.signs for bathroom* *What is the atmosphere in the dining room & tub/shower room?* *Is privacy maintained?* *Does the person get outside?*	

Developed by PRCs in collaboration with PRPs in Southeastern Ontario; Revised by Interior Health Residential Services
January 2014

P.I.E.C.E.S. Assessment Worksheet

Name of Resident/Client/Patient:	Date:

Social and Cultural Factors	***What do you know about this person and what do you need to know?*** *What are his/her values, wishes, beliefs? Consider the life story, social network, culture, religious affiliation, family relationships. Consider any traumatic events (abuse, loss of parents/child). What past memories/events bring the person joy, a sense of pride?*	

3. What is the ACTION?

- ***Investigations/Interventions:*** (Possible causes using P.I.E.C.E.S. will have been identified and Investigations/Interventions started; what else needs to be considered?)

- ***Interactions:*** (What are the care approaches that best address the needs/values/wishes of the person?)

- ***Information:*** (How will the information be shared as a **TEAM**?)

Developed by PRCs in collaboration with PRPs in Southeastern Ontario; Revised by Interior Health Residential Services
January 2014