

Sensory Care Plan

Sensory Modulation Brisbane
Sensory-modulation-brisbane.com

Patient ID Label Here

The **Sensory Care Plan** is designed to help staff identify:

- known triggers and early signs of distress for patients with cognitive impairment
- sensory based interventions to alleviate stress and agitation and promote calm

Signs of Distress: (please tick changes in behaviours that can indicate increased stress or agitation)

| | | | | | |
|--------------------------|---------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Crying out/ shouting | <input type="checkbox"/> | Wandering (exits, other rooms) | <input type="checkbox"/> | Increased confusion |
| <input type="checkbox"/> | Speaking rudely/ swearing | <input type="checkbox"/> | Grimacing/ yawning / lip smacking | <input type="checkbox"/> | Reduced energy levels |
| <input type="checkbox"/> | Rocking or shaking | <input type="checkbox"/> | Hitting out | <input type="checkbox"/> | Changes in continence |
| <input type="checkbox"/> | Wringing hands | <input type="checkbox"/> | Activity refusal (ie self cares) | <input type="checkbox"/> | Throwing things |
| <input type="checkbox"/> | Grabbing at people | <input type="checkbox"/> | Rubbing / scratching limbs | <input type="checkbox"/> | Head banging |
| <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |

Known Triggers: (please tick & provide comment on known triggers that escalate distress)

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Physical – sleep, pain, hunger, constipation | <input type="checkbox"/> | Assisted movement – transfers, moving with pain |
| <input type="checkbox"/> | Times of the day – visitors leaving, bedtime | <input type="checkbox"/> | Assisted self care – showers, dressing, toileting, dressing changes. |
| <input type="checkbox"/> | Particular memories/ associations – | <input type="checkbox"/> | Medical procedures – IVs, BPs, X-ray, coming out of anaesthesia. |
| <input type="checkbox"/> | Certain noises – medical, trolleys, moaning | <input type="checkbox"/> | Ward routines – ward rounds, night torch, curtains |
| <input type="checkbox"/> | Certain odours – faeces, disinfectant, sweat | <input type="checkbox"/> | Other – sight of injuries, change in diet (soft food) |

Sensory Care Strategies to Promote Calm and Reduce Distress:

| Strategy | When to use | How to use |
|----------|-------------|------------|
| | | |
| | | |
| | | |
| | | |

Sensory Screening Tool

Sound Preferences: (please record particular likes and dislikes)

| | Like | Dislike | | Like | Dislike |
|---------------------------|------|---------|-------------------------------|------|---------|
| Increased volume of noise | | | Listening to music | | |
| Lower volume of noise | | | Sounds of nature | | |
| Background/ white noise | | | Guided relaxation exercises | | |
| Using earplugs/ earphones | | | Singing / Humming / Whistling | | |
| Playing an instrument | | | Other - | | |

Sight Preferences: (please record particular likes and dislikes)

| | Like | Dislike | | Like | Dislike |
|---|------|---------|---|------|---------|
| Familiar items (eg- photo, rug for bed, religious/ cultural symbol) | | | Particular books / magazines / puzzles / card games | | |
| View or pictures of nature | | | Watching a movie or television | | |
| Flowers/ pot plants | | | Dim or subdued light | | |
| Certain colours | | | Brighter or natural light | | |
| Open / closed curtains | | | Bare walls or uncluttered spaces | | |
| Busy / less busy environment | | | Other - | | |

Taste and Smell Preferences: (please record particular likes and dislikes)

| | Like | Dislike | | Like | Dislike |
|--------------------------------|------|---------|---------------------------------|------|---------|
| Warm or cold drink | | | Blowing bubbles, balloons | | |
| Ice or slushy drink | | | Sucking through a straw | | |
| Chewy or crunchy foods | | | Particular scents or fragrances | | |
| Chewing things (pens, lollies) | | | Smell of flowers or herbs | | |
| Particular flavours/ tastes | | | Other - | | |

Touch, Body & Movement Preferences: (please record particular likes and dislikes)

| | Like | Dislike | | Like | Dislike |
|---------------------------------|------|---------|-----------------------------------|------|---------|
| Exercises/ stretches | | | Sleeping under heavy blanket | | |
| Pacing/ walking /moving body | | | Hugging a pillow or other item | | |
| Firm touch like massage | | | Having hair brushed/ styled | | |
| Keeping hands busy | | | Busy activities/ environments | | |
| Going for walks | | | Riding in vehicles, lifts, trains | | |
| Gardening | | | Being alone/ in own company | | |
| Dancing | | | Air temperature – cool or warm | | |
| Human contact/ touch | | | Cool or warm shower | | |
| Rocking/ tilting on chairs | | | Cool or warm gel pack | | |
| Squeezing things in hands | | | Craft – knitting, drawing | | |
| Calming breathing | | | Participating in group activity | | |
| Tight clothing/ firm shoes | | | Writing/ doodling | | |
| Wrapping self in blanket/ shawl | | | Other - | | |