

Appendix A: Section 1 of the Agitated Behavior Note

Agitated Behavior Scale

At the end of the observation period, indicate whether the behavior described in each item was present, and if so, to what degree: slight, moderate or extreme. Use the following numerical values and criteria for your ratings.

1 = **absent**: the behavior is not present.

2 = **present to a slight degree**: the behavior is present but does not prevent the conduct of other, contextually appropriate behavior. (The individual may redirect spontaneously, or the continuation of the agitated behavior does not disrupt appropriate behavior.)

3 = **present to a moderate degree**: the individual needs to be redirected from an agitated to an appropriate behavior but benefits from such cueing.

4 = **present to an extreme degree**: the individual is not able to engage in appropriate behavior due to the interference of the agitated behavior, even when external cueing or redirection is provided.

DO NOT LEAVE BLANKS

- | | |
|--|--------------------------|
| 1. Short attention span, easy distractibility, inability to concentrate. | <input type="checkbox"/> |
| 2. Impulsive, impatient, low tolerance for pain or frustration. | <input type="checkbox"/> |
| 3. Uncooperative, resistant to care, demanding. | <input type="checkbox"/> |
| 4. Violent and/or threatening violence toward people or property. | <input type="checkbox"/> |
| 5. Explosive and/or unpredictable anger. | <input type="checkbox"/> |
| 6. Rocking, rubbing, moaning, or other self-stimulating behavior. | <input type="checkbox"/> |
| 7. Pulling at tubes, restraints, etc. | <input type="checkbox"/> |
| 8. Wandering from treatment areas. | <input type="checkbox"/> |
| 9. Restlessness, pacing, excessive movement. | <input type="checkbox"/> |
| 10. Repetitive behaviors, motor, and/or verbal. | <input type="checkbox"/> |
| 11. Rapid, loud, or excessive talking. | <input type="checkbox"/> |
| 12. Sudden changes of mood. | <input type="checkbox"/> |
| 13. Easily initiated or excessive crying and/or laughter. | <input type="checkbox"/> |
| 14. Self-abusiveness, physical, and/or verbal. | <input type="checkbox"/> |
| Total Score | <input type="checkbox"/> |

Levels of Agitation

No Agitation (<21)

Mild Agitation (21–28)

Moderate Agitation (29–35)

Severe Agitation (≥36)

Adapted Agitated Behavior Scale. Bogner, J. (2000). The Agitated Behavior Scale. The Center for Outcome Measurement in Brain Injury. Retrieved from <http://www.tbims.org/combi/abs/absrat.html>

Section 2 of the Agitated Behavior Note

Nursing Interventions for Agitated Behavior

Select the interventions implemented for an ABS score greater than 21:

- Decreased stimuli in the environment
- Communicated in nonthreatening tones
- Reoriented the patient to time, place, person, and situation
- Used simple directions to follow
- Provided a protective environment
- Placed the patient in a quiet room
- Provided aroma therapy
- Provided music therapy
- Provided hand massage
- Administered medication
- Other: _____

Appendix B: Survey Questionnaire

To the Registered Nurses of 3 East



You are invited to complete a survey to evaluate the usability of the Agitated Behavior Scale in the electronic health record

Dear Registered Nurses,

Welcome and thank you for your interest in the survey. The purpose of this survey questionnaire is to evaluate the usability of the Agitated Behavior Scale in the electronic health record. The completion of the survey is voluntary. If you choose to complete the survey, please place the completed survey in the provided envelope and insert the envelope in the box located at the 3 east nursing station.

Please know that by answering the questions below, you are giving your consent to participate in this survey. Remember to take a minute to respond to the demographic questions after completing the survey questionnaire. If you have any questions with regard to the survey, please don't hesitate to contact me.
Thank you!

Helen Wilson, RN, MSN, DNPc
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Instructions for completing the System Usability Scale (SUS):

1. Select the answer that best corresponds to your level of disagreement or agreement with each item ranging from 1-Strongly Disagree to 5- Strongly Agree.
2. In the statements below, "ABS" refers to the "Agitated Behavior Scale" in MediLinks.
3. Record your immediate response to each item, rather than thinking about items for a long time.
4. All items should be checked. If you feel that you cannot respond to a particular item, then you should mark the center point of the scale.

Adapted scale based on System Usability Scale. Brooke, J. (1996). SUS: A 'quick and dirty' usability scale. In P. W. Jordan, B. Thomas, B. A. Weerdmeester, & A. L. McClelland. Usability Evaluation in Industry. London: Taylor and Francis. Retrieved from <http://www.usabilitynet.org/trump/documents/Suschapt.doc>

System Usability Scale

	Strongly Disagree				Strongly Agree
1. I think that I would like to use the ABS frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
2. I found the ABS unnecessarily complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
3. I thought the ABS was easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
4. I think that I would need the support of a technical person to be able to use the ABS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
5. I found that the various functions in the ABS were well integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
6. I thought there was too much inconsistency in the ABS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
7. I would imagine that most people would learn to use the ABS very quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
8. I found the ABS very cumbersome to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
9. I felt very confident using the ABS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
10. I needed to learn a lot of things before I could get going with the ABS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

Demographic Data

(This information will help in the analysis of the survey results. Please check the appropriate circle to indicate your answer.)

What is your age?

- ☐ 25 or under
- ☐ 26–40
- ☐ 41–55
- ☐ 56 or older

What is your highest level of education in nursing?

- ☐ Diploma in nursing
- ☐ Associate degree in nursing
- ☐ Bachelor in nursing
- ☐ Master in nursing and above

What are your years of experience as a registered nurse?

- ☐ 2 years and below
- ☐ 3–5 years
- ☐ 6–10 years
- ☐ 11–20 years
- ☐ 21–30 years
- ☐ Above 31 years

THANK YOU FOR COMPLETING THE SURVEY!