



## Distress Observation Tool (DOT) – daily version

Affix client / resident identification label here

Name of person / client / resident:

Date of birth:

**This tool can be used by family members, careworkers and health professionals caring for a person living with advanced dementia. It is a way to record and communicate the distress you have observed in the person when providing care.**

Name of person completing this tool:

What is your role?

☐ Family member/carer ☐ Careworker ☐ Other Health Professional (e.g. RN, GP, Allied Health)

Date completed:

Time completed:

How often do you provide direct care to this person/client/resident?

☐ More than once a week ☐ At least weekly ☐ Occasionally

### Distress Observation Checklist

Distress is an experience of an emotional, physical, or spiritual nature that is unpleasant. When a person living with dementia is experiencing distress, you may observe a change in the person's usual behaviours or appearance.

What signs of distress have you observed in the person in the **last 24 hours** (*tick all that apply*)?

- ☐ Grimacing / frowning
- ☐ Crying / moaning
- ☐ Shouting / screaming
- ☐ Restlessness or physical agitation (e.g. pacing)
- ☐ Using physical force (e.g. pushing-away)
- ☐ Aggressive physical behaviour (e.g. hitting, kicking)
- ☐ Loss of interest in usual activities
- ☐ Withdrawal from interacting with staff or family
- ☐ Withdrawal from accepting assistance with usual care
- ☐ Other – please specify:

### Overall Distress Scale

Please tick the number that best describes how much distress you think the **person you are caring for** has been experiencing **overall in the last 24 hours**:

10

#### Severe distress (10-8)

- Significant impact on the person's daily activities or wellbeing
- Immediate review is required

9

8

7

#### Moderate distress (7-4)

- Moderate impact on the person's daily activities or wellbeing
- Strategies are not effective
- Review plan of care

6

5

4

3

#### Mild distress (3-1)

- Mild impact on the person's daily activities or wellbeing
- Strategies are mostly effective

2

1

0

#### No distress (0)

- Baseline or usual daily activities
- Strategies are effective

**If the distress is new and/or the distress is moderate or severe then the person's nurse or GP should be contacted to review the person as soon as possible.**

Please proceed to next page if the distress level is 4 or more.

Tick any of the following problems below which you think may be causing and/or contributing to the **distress** you have observed **in the last 24 hours?**

**Physical problems or care activities**

- ☐ Pain
- ☐ Breathing difficulty (e.g. short of breath)
- ☐ Bowel issues (e.g. constipation)
- ☐ Bladder issues (e.g. difficulty passing urine or urinary tract infection)
- ☐ Nausea or vomiting
- ☐ Mouth and teeth issues (e.g. dry mouth)
- ☐ Dry or sore eyes
- ☐ Skin issues (e.g. wound dressing)
- ☐ Sleeping problems
- ☐ Muscle spasms / rigidity
- ☐ Eating problems / swallowing difficulty
- ☐ Medication administration
- ☐ Mobility issues / transferring
- ☐ Personal care (e.g. showering)
- ☐ Other – please specify:

**Emotional or spiritual**

- ☐ Hallucinations (seeing or hearing things that are not present)
- ☐ Delusions (fixed false beliefs)
- ☐ Communication difficulties (e.g. language barrier)
- ☐ Loneliness / boredom
- ☐ Sadness / low mood
- ☐ Spiritual concerns
- ☐ Fears or worry
- ☐ Anger / frustration
- ☐ Other – please specify:

What do you think are the **main causes** of the distress you have observed in the person you are caring for **in the last 24 hours?** (e.g. top 1 to 3 main causes of distress)

Other concerns:

Family concerns:

Is there a particular time of the day or any other situation where the distress is worse?

What do you think would help or has helped relieve the person’s distress?