NURSING SERVICE GUIDELINES
INPATIENT BEHAVIORAL HEALTH

Guideline: **Caring for Patients with Short Attention Span/Inability to Concentrate**

Policy Number Superseded:

Responsibility: All trained Inpatient Behavioral Health staff

Purpose of Guideline: Patient will be able to attend and concentrate. Short attention span will not interfere with activities of daily living (ADL) skills, social interactions, or school performance.

Effective Date:
June 2024

Initial Effective Date:
July 2005

PROCEDURE	POINTS OF EMPHASIS
(1) Complete admission assessment obtaining history of restlessness, poor concentration in school, trouble with sleeping, inability to entertain self for long periods, any medications used and their effect on patient condition, temper outbursts, stubbornness, labile moods, poor peer interactions, and any approach that seems to help patient.	Obtain as much information and detail as possible to ensure all personnel have access to information. Look for: (1) Inattention. (a) Problems paying attention in tasks or play. (b) Does not seem to listen. (c) Careless mistakes. (2) Hyperactivity - Fidgets, problems with playing quietly, constantly on the go, talks excessively. (3) Impulsivity - Problems waiting turns, interrupts.
(2) Assess patient attention span and document: (a) In the treatment plan. (b) During ADL's. (c) During school.	Complete assessment of patient behavior will help differentiate between behavior that is due to hospitalization and typical patterns of behavior for the patient.

	Include time of day in documentation: attention span, how long patient attends to task without interruption, out of seat, changing tasks.	
(3)	Note behavioral changes with situational changes (i.e., visitation, unstructured, structured activities).	
(4)	Report attention span issues to providers.	
(5)	Prior to starting medication, a physical assessment is undertaken to check for any history of cardiac abnormalities, tics, or epilepsy.	These conditions can be contraindications to medication treatments. This also helps to rule out any underlying physical problems that could be attributed to poor attention.
(6)	Give medication per provider, following medication protocol if any (i.e., blood pressure/pulse before and after each dose, etc.). Observe intake and sleep patterns after medication has been started. A baseline electrocardiogram (ECG) should be ordered prior to beginning the use of stimulants.	The ECG will determine if the patient has any underlying cardiac problems. Patient with cardiac problems may continue with stimulant medications under the supervision of a pediatric cardiologist providing that they are carefully monitored.
(7)	Give short concise directions, then have patient repeat directions back to staff.	Ensures patient comprehends. Limits need to be reasonable for age.
(8)	Divide tasks into short increments.	This gives the patient success in completing tasks.
(9)	Maintain structured environment.	In unstructured settings, children with short attention span may deteriorate after approximately 15 minutes.
(10)	Observe for signs of restlessness.	These are usually signs that the patient needs sensory input and is searching for distractions.
(11)	Use frequent praise and rewards for completing tasks and maintaining self-control. Utilize a behavior contract with clear, concrete goals.	Children with short attention spans may have low self-esteem. Consistent rewards for academic achievement can accelerate and motivate most students and reinforce

	their internal desire to learn and do more.

(A) Documentation:

Document in patient medical record:

(1) Describe activity level of patient.
(2) Describe time of day.
(3) Activity being perfomed (i.e., ADL's, school, play).
(4) Length of attention span (in minutes and seconds if less than five minutes).
(5) Interventions (i.e., short activities, concise directives) and patient response to interventions,

(B) References:

(1) Sleath, B., Carpenter, D. M., Sayner, R., Thomas, K., Mann, L., Sage, A., & Sandler, A., D. (2017). Youth views on communication about ADHD and medication adherence. *Community Mental Health Journal, 53*(4), 438-444.

(2) Modesto-Lowe, V., Charbonneau, V., & Rarahmand, P. (2017). Psychotherapy for adolescents with attention-deficit hyperactivity disorder: A pediatrician's guide. *Clinical Pediatrics, 56*(7), 667-674.

(3) Felt, B. T., Biermann, B., Kochhar, P., & Harrison, R. V. (2014). Diagnosis and management of ADHD in children. *Am Fam Physician, 90*(7), 456-464.

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