



Nursing Service Guidelines Inpatient Behavioral Health

Title: CARING FOR PATINETS THAT HAVE SHORT ATTENTION SPAN/INABILITY TO CONCENTRATE

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

Responsibility: RN's, Mental Health Tech (MHT), Nurse Aid (NA), and any trained Inpatient Behavioral Health staff

Equipment: 1. Watch with second hand

Procedure

Point of Emphasis

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| <p>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 outburst, stubbornness, labile moods, poor peer interactions, any approach that seems to help patient.</p> <p>2. Assess patient attention span and document:
a. in the ITP
b. during ADL's
c. during school
Include time of day in documentation: attention span, how long patient attends to task without interruption, out of seat, changing tasks.</p> <p>3. Note behavioral changes with situational changes (i.e., visitation, unstructured, structured activities)</p> <p>4. Report attention span to physicians.</p> <p>5. Prior to starting medication a physical assessment is undertaken to check for any history of cardiac abnormalities, tics, or epilepsy.</p> <p>6. Give medication per physician (follow medication protocol if any, (i.e., BP/P before and after each dose, etc.). Observe intake and sleep patterns after medication has been started. A baseline ECG should be ordered prior to beginning the use of stimulants.</p> <p>7. Give short concise directions, then have patient repeat direction back to staff.</p> <p>8. Divide tasks into short increments.</p> <p>9. Maintain structured environment.</p> | <p>Obtain as much information and detail as possible to ensure all personnel have access to information. Look for:</p> <ol style="list-style-type: none">1. Inattention<ul style="list-style-type: none">• Problems paying attention in tasks on play• Does not seem to listen• Careless mistakes2. Hyperactivity<ul style="list-style-type: none">• Fidgets, problems with playing quietly, constantly on the go, talks excessively3. Impulsivity<ul style="list-style-type: none">• Problems waiting turns, interrupts <p>Complete assessment of patient behavior will help differentiate between behavior that is due to hospitalization and normal patterns of behavior.</p> <p>These conditions can be contraindications to medication treatments. This also helps to rule out any underlying physical problems that could be attributed to causing poor attention.</p> <p>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</p> <p>Ensures patient comprehends. Limits need to be reasonable for age.</p> <p>This gives the patient success in completing tasks.</p> <p>In unstructured settings, children with short attention</p> |
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CARING FOR PATIENTS THAT HAVE A PROBLEM WITH SHORT ATTENTION SPAN/INABILITY TO CONCENTRATE (KOBACKER)

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<u>Procedure</u>	<u>Point of Emphasis</u>
10. Observe for signs of restlessness.	span usually deteriorate after approximately 15 minutes. 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 span usually 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.

Documentation in nurses' notes: Describe activity level of patient, describe time of day, activity being performed (i.e., ADLS, school, play) length of attention span (in minutes and seconds if less than 5 minutes). Document interventions (i.e., short activities, concise directives) and patient response to interventions.

Reviewed by: Tammy Cerrone, BSN, RN, Nursing Director

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Reviewed by Policy & Standard Committee, 8/10, 8/14, 7/17, 7/2020, 6/2023

References:

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- 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.
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