<table>
<thead>
<tr>
<th>Situation</th>
<th>What behaviour is going on? What do you see? Risk Level? E.g. The Behaviour card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>What do I know about the resident? E.g. Trigger card</td>
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</table>
| Action/Assessment | **Non-Pharmacological or Relational**: distract, engage in activity, assist, redirect, verbal instruction, re-approach, reassure, comfort client, presence, etc  
  **Clinical**: further observation, monitor, specific assessment, medication, treatment, blood work, consults, diagnostics, prepare for transfer, etc. |
| Recommendation/Request | What do you recommend or need from the Interprofesional team?  
  - specific action, DOS, ABC charting, further assessment and monitoring, delirium workup prepare for transfer, team or family referrals |
A Behaviour Card is dropped by the Behaviour Support Lead.

Rest of the players (or mini-teams) drop 1 or 2 Trigger Cards.

Behaviour Support Lead selects the best Trigger Card(s).

The player (or mini-team) who drops the best Trigger Card(s) – KEEPS the Trigger CARD(s) (10 points). Use your DIY card at this time.

If SBAR is successful, the player (or mini-team) KEEPS Behaviour Card (10 points) UNLESS a STEAL is used successfully, then another player (or mini-team) may steal the Behaviour Card & points.

Up to 2 players (or mini-teams) can KUDOS to enhance the ACTION or RECOMMENDATION of the SBAR (10 points). Think non-pharmacological & consider INTERPROFESSIONAL.