

# BEHAVIOURAL/WELL BEING CARE PLAN



Oxford Health  
NHS Foundation Trust

NAME: \_\_\_\_\_

NHS NUMBER: \_\_\_\_\_

START \_\_\_\_\_

INTERVENTION	ACTION
<b>ENVIRONMENTAL</b> <b>THINK ABOUT</b> Noise Too much/Too Loud Light Too Bright/Too Dark Temperature Too Hot/Too Cold Over Stimulation Too much going on around them Boredom Not enough meaningful activity	
<b>MEDICATION CHANGES</b> <b>THINK ABOUT</b> Analgesia Timing of medication	
<b>MUSIC</b> <b>THINK ABOUT</b> Playlist music that is linked to their memories	
<b>SOCIAL INTERACTION</b> <b>THINK ABOUT</b> 1:1 Session 10-30 minutes Conversation "that's interesting tell me more" Reading Sharing photos Discuss a 3rd object	