

Common Risky Behaviors Checklist

The checklist of observable behaviors may aid a supervisor when assessing if a healthcare professional is questionably fit to perform. It is not intended for performance evaluation or as a substitute for documentation required by an organization's policy. Please note that each employee may display behaviors uniquely. It is helpful to look for patterns now and over time.

Absence & Tardiness

- Shows up when not scheduled for shift
- Takes extended breaks, sometimes without telling colleagues and without explanation
- Calls in sick frequently or uses other excuses to miss assigned shifts
- Calls in sick before or after a weekend providing multiple days off (frequent pattern)

Cognitive Impairment

- Forgets how to complete simple tasks or makes mistakes (memory/concentration)
- Makes inaccurate judgments regarding patient care (judgment)
- Exhibits confusion (e.g., about directions or instructions)
- Unable to accurately communicate specific patient information with staff and/or patients
- Inaccurate or incomplete patient care documentation
- Inability to complete assigned tasks that others do adequately
- Consistent inability to improve performance or conduct even with training or counseling

Unprofessional Communication/Boundaries

- Exhibits aggression or hostility towards patients and/or coworkers
- Responds defensively or aggressively when provided performance feedback
- Inappropriate sharing of personal information with patients
- Communicates with flat affect in tone of voice
- Avoids eye contact

Physical Impairment

- Alcohol-like odor on breath
- Irregular breathing pattern (e.g., labored, shallow)
- Stumbles/staggers while walking (gait/balance)
- Changes in speech pattern (e.g., slurred, fast, slow)
- Fumbles/drops equipment (manual coordination)
- Pupils dilated/constricted
- Perspiration that appears excessive for environmental conditions
- Jerky body movements
- Reports difficulty sleeping
- Nodding out or sleeping on duty

Drug Diversion

- Loiters around medicine supply
- Insists on performing narcotic counts alone
- Waits until alone to access narcotics cupboard and/or to draw up medication
- Reports medication being wasted when the medication not wasted
- Reluctance to fill out appropriate DEA 106/BOP logs forms, when loss occurs
- Inconsistencies between narcotic records and administration record
- Has no reasonable explanation for Pyxis/narcotic cabinet withdrawals
- Patients consistently complain that pain is not improving after receiving pain medication (drug tampering/alteration)
- Fails to ensure observation or co-signing for narcotic wastage
- Asks others to withdraw narcotics for his/her patients
- Offers to cover extra shifts frequently (usually with other risky behaviors present)