

# Individualized Music Quick Reference Guide

Linda A. Gerdner PhD, RN, FAAN

Use this guide to

- Assess all patients/residents for their music preference preferences.
- Develop individualized music care plan for those at risk for agitation and
- Provide an Individualized Music Intervention

## BASELINE ASSESSMENT & INDIVIDUALIZED MUSIC CARE PLANNING

Complete upon admission to the facility and as changes in the patient and condition warrants

### Assess whether patient / resident is at risk for agitation:

- ♪ Presence of cognitive impairment, dementia, dementia, fatigue, pain or acute illness
- ♪ Recent change of environment, caregiver, or routine.
- ♪ Presence of overwhelming/confusing and/or under-stimulating environment

### Assess patient's / resident's level of agitation:

- ♪ Complete Cohen-Mansfield Agitation Inventory

### Assess patient's / resident's music preference

- ♪ Complete Assessment of Personal Music Preference (Patient or Family Version)

## PREVENTION OF AGITATION

- ♪ Provide an engaging but not over stimulating physical and social environment
- ♪ Avoid stimulations that may lead to agitation
- ♪ Monitor for early signs of agitation
- ♪ Treat conditions (fatigue, pain, acute illness, etc.) that may lead to agitation

## INDIVIDUALIZED MUSIC INTERVENTION

If patient / resident is experiencing signs of agitation, begin Individualized Music Intervention a MINIMUM of 30 MINUTES prior to usual peak levels of agitation.

- ♪ Notify appropriate healthcare personal that the Individualized Music Intervention is being initiated.
- ♪ Consult the Individualized Music Care Plan for recommendations on specific songs, volume of music, use of headphones and or movement to own room / quiet area.
- ♪ Obtain CD player, iPod, or MP3 from storage location.
- ♪ Play patient's/resident's selected music.
- ♪ Record agitation behaviors and initiation of the Individualized Music Intervention on appropriate form.

WITHIN THIRTY MINUTES OF BEGINNING THE INDIVIDUALIZED MUSIC INTERVENTION,  
REASSESS PATIENT'S / RESIDENT'S LEVEL OF AGITATION

LESS AGITATION	MORE AGITATION
♪ Monitor for further agitation	♪ STOP music intervention
♪ Prevent further agitation	♪ Notify nurse / supervisor of agitation
♪ Record outcome of Music Intervention	♪ Consider other interventions to reduce agitation
	♪ Record outcome of Music Intervention
	♪ Reassess Music Preference

Name:		Room:
Care Plan Start Date:	Care Planner:	Updated:
Assessment Form:	<input type="checkbox"/> Patient/ Resident Version	<input type="checkbox"/> Family Version

### ♪ MUSICAL ASSESSMENT

**The role of music in this person's life is:**

Very Important    Moderately Important    Slightly Important    Not Important

Music Instrument Played:		
Enjoys singing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, places he/she likes to sing (example: choir):		
Enjoys dancing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, kinds of dancing enjoyed:		

### ♪ MUSIC PREFERENCES

**The forms(s) of music that this person likes best includes:**

Vocal                       Instrumental                       Both

**The following styles of music are this person's favorite (1=most favorite, 2=next, etc.)**

<input type="checkbox"/> Classical	<input type="checkbox"/> Blues	<input type="checkbox"/> Easy Listening
<input type="checkbox"/> Spiritual/Religious	<input type="checkbox"/> Jazz	<input type="checkbox"/> Cultural/Ethnic Specific
<input type="checkbox"/> Big Band/Swing	<input type="checkbox"/> Rock & Roll	<input type="checkbox"/> Other
<input type="checkbox"/> Country & Western	<input type="checkbox"/> Folk	

Favorite songs that makes this person happy:

Favorite artists / performers:

Favorite albums, tapes, CD, iPods, MP3 in this person's music library:

**Times/activities when the Individualized Music Intervention may be helpful:**

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> AM/PM cares
<input type="checkbox"/> Bath/shower	<input type="checkbox"/> Naptime	<input type="checkbox"/> Bedtime	<input type="checkbox"/> Pain/Discomfort
<input type="checkbox"/> Mealtime	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

**Signs that this person may need to listen to the Individualized Music Intervention include:**

<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Constant questions	<input type="checkbox"/>
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Hiding things	<input type="checkbox"/> Changing cloths	<input type="checkbox"/>
<input type="checkbox"/> Wandering	<input type="checkbox"/> Complaining	<input type="checkbox"/> Other:	<input type="checkbox"/>

### ♪ INDIVIDUALIZED MUSIC INTERVENTION REFERENCES

Location of music library	<input type="checkbox"/> Own room	<input type="checkbox"/> Central location	<input type="checkbox"/>
Volume control	<input type="checkbox"/> Soft/Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Loud/High
Headphones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Move to own room/quiet area:	<input type="checkbox"/> Yes, own room	<input type="checkbox"/> Yes, quiet area	<input type="checkbox"/> No

## ASSESSMENT OF PERSONAL MUSIC PREFERENCE (FAMILY VERSION)

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Music is often a very important part of people's lives. Please complete the questionnaire based on your knowledge of your family member's music preference.

Before illness, how important a role did music play in his/her life?

- \_\_\_\_\_ 1. Very Important
- \_\_\_\_\_ 2. Moderately Important
- \_\_\_\_\_ 3. Slightly Important
- \_\_\_\_\_ 4. Not Important

Does/did he/she play a musical instrument?  
If yes, please specify (examples: piano, guitar).

Does/did he/she enjoy singing?  
If yes, please specify (examples: around-the house, church choir).

Does/did he/she enjoy dancing?  
If yes, please specify (examples: attended dance lessons, participated in dance contests)

The following is a list of different types of music. Please indicate the individual's three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.

- \_\_\_\_\_ 1. Country and Western
- \_\_\_\_\_ 2. Classical
- \_\_\_\_\_ 3. Spiritual/Religious
- \_\_\_\_\_ 4. Big Band/Swing
- \_\_\_\_\_ 5. Folk
- \_\_\_\_\_ 6. Blues
- \_\_\_\_\_ 7. Jazz
- \_\_\_\_\_ 8. Rock and Roll
- \_\_\_\_\_ 9. Easy Listening
- \_\_\_\_\_ 10. Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
- \_\_\_\_\_ 11. Other: \_\_\_\_\_

*Please put a check (✓) beside the most correct choice to the following questions.*

What form does the individual's favorite music take?

- 1. Vocal
- 2. Instrumental
- 3. Both

Please identify specific songs/selections that make your family member feel happy.

Please identify specific artist(s)/performers(s) that the individual enjoyed/enjoys listening to the most.

Please identify specific albums, audio-cassette tapes, or compact discs contained in your family member's personal music library.

## ASSESSMENT OF PERSONAL MUSIC PREFERENCE (PATIENT VERSION)

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Music is often a very important part of people's lives. Please complete the following based on your personal music preference.

Before illness, how important a role did music play in your life?

- \_\_\_\_\_ 1. Very Important
- \_\_\_\_\_ 2. Moderately Important
- \_\_\_\_\_ 3. Slightly Important
- \_\_\_\_\_ 4. Not Important

Do/did you play a musical instrument?

If yes, please specify (examples: piano, guitar).

Do/did you enjoy singing?

If yes, please specify (examples: around-the house, church choir).

Do/did you enjoy dancing?

If yes, please specify (examples: attended dance lessons, participated in dance contests)

The following is a list of different types of music. Please indicate your three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.

- \_\_\_\_\_ 1. Country and Western
- \_\_\_\_\_ 2. Classical
- \_\_\_\_\_ 3. Spiritual/Religious
- \_\_\_\_\_ 4. Big Band/Swing
- \_\_\_\_\_ 5. Folk
- \_\_\_\_\_ 6. Blues
- \_\_\_\_\_ 7. Jazz
- \_\_\_\_\_ 8. Rock and Roll
- \_\_\_\_\_ 9. Easy Listening
- \_\_\_\_\_ 10. Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
- \_\_\_\_\_ 11. Other: \_\_\_\_\_

*Please put a check (✓) beside the most correct choice to the following questions.*

What form does your favorite music take?

- 1. Vocal
- 2. Instrumental
- 3. Both

Please identify specific songs/selections which make you feel happy.

Please identify specific artist(s)/performers(s) that you enjoy listening to the most.

Please identify specific albums, audio-cassette tapes, or compact discs contained in your personal music library.