

Date	Time
Reason for completing assessment:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Restraint Use <input type="checkbox"/> Hourly Rounds <input type="checkbox"/> Wound Management (Positioning) <input type="checkbox"/> Other (Specify)
Suicide Risk Level Level 1: Has active thoughts, no plan, assessed as having significant risk for suicidal attempt or self-harm Level 2: Has active thoughts, with plans, has presented with an existing suicidal attempt or attempted self-harm. Any changes in patient's level must have a detailed assessment documentation in the patient's notes feature.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Level 1: Minimal Suicide Precautions- visual contact every 15 minutes <input type="checkbox"/> Level 2: Strict Suicide Precautions – visual contact every 30 minutes
NOTE: SOCIAL SERVICES TO BE CONTACTED FOR SUICIDE RISK LEVEL 2 ONLY	
Has Social Services been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Call button within reach:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate corrective actions)
Privacy maintained:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate corrective actions)
Bed in lowest position:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate corrective actions)
Level of consciousness:	<input type="checkbox"/> Alert <input type="checkbox"/> Awake <input type="checkbox"/> Asleep <input type="checkbox"/> Sedated <input type="checkbox"/> Lethargic <input type="checkbox"/> Comatose <input type="checkbox"/> Other (Specify)
Behavior	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Communicative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative/Destructive <input type="checkbox"/> Angry <input type="checkbox"/> Anxious/Agitated <input type="checkbox"/> Uncommunicative/Flat affect <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> Yelling <input type="checkbox"/> Suicide ideation present <input type="checkbox"/> Other (Specify)
Patient's behavior for continued restraint use:	
Pain expressed:	<input type="checkbox"/> Yes (Document in Pain Assessment Flowsheet) <input type="checkbox"/> No
Hygiene offered (If on suicide precautions, need to be supervised. If assisted, indicate in notes.)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Oral care <input type="checkbox"/> Shower <input type="checkbox"/> Shave <input type="checkbox"/> Bed bath <input type="checkbox"/> Offered, declined
Elimination:	<input type="checkbox"/> Not applicable <input type="checkbox"/> Urinated <input type="checkbox"/> Bowel movement <input type="checkbox"/> Foley catheter <input type="checkbox"/> Urinary Incontinent <input type="checkbox"/> Offered, declined
Repositioning – For patients with limited movement, or bed-bound	<input type="checkbox"/> Not applicable: Patient with Independent activity <input type="checkbox"/> Supine <input type="checkbox"/> Right lateral <input type="checkbox"/> Left lateral
Range of motion done	<input type="checkbox"/> Not applicable: Patient with independent activity <input type="checkbox"/> Active ROM: Restraint released and reapplied <input type="checkbox"/> Passive ROM (Specify)

BEHAVIORAL ACTIVITY ASSESSMENT

Patient ID Label

Guam Memorial Hospital Authority

Page 1 of 2 Revised: 2/2018 Approved: NM:2/2018 HIMC:3/2018

Form #: iMed 16 - 004

What changes occurred with the restraint use order? Restraint ordered renewed = Restraint Use Justification Assessment New Restraint Order Obtained = Restraint Use Justification Assessment None = Restraint Order is CURRENT Restraint removed, patient met release criteria (ensure that patient's behavior is documented).	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Renewed, Restraint Order <input type="checkbox"/> Obtained, New Restraint Order <input type="checkbox"/> None (Order is Current) <input type="checkbox"/> Terminated, Restraint Removed
Restraint Use: BM reasons: Assess every 15 minutes. MS reasons: Assess every 2 hours	<input type="checkbox"/> Not Applicable <input type="checkbox"/> For Behavioral Management Reasons <input type="checkbox"/> For Medical Surgical Reasons
Extremity on Restraint:	<input type="checkbox"/> Not applicable <input type="checkbox"/> Right Wrist <input type="checkbox"/> Right Ankle <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Wrist <input type="checkbox"/> Left Ankle <input type="checkbox"/> Left Hand <input type="checkbox"/> Chest <input type="checkbox"/> Pelvic
Restraint Type:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Limb Holder <input type="checkbox"/> Hand Restraint (Twice as Tough) <input type="checkbox"/> Vest <input type="checkbox"/> Mitten <input type="checkbox"/> Belt <input type="checkbox"/> Pelvic
Restraint Status:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Applied <input type="checkbox"/> Intact <input type="checkbox"/> Released <input type="checkbox"/> Released and Reapplied
Circulation:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Brisk (<3 seconds) <input type="checkbox"/> Sluggish (>3 seconds)
Skin Color:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other (Specify)
Sensation:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Normal <input type="checkbox"/> Tingling <input type="checkbox"/> Numb <input type="checkbox"/> Other (Specify)
Respiratory Status:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> On Ventilator
Skin Integrity – Indicate further assessment in notes for any abnormalities	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Intact <input type="checkbox"/> Open Lesion <input type="checkbox"/> Abrasion <input type="checkbox"/> Redness <input type="checkbox"/> Other (Specify)
Release Criteria (Based on physician order form)	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Meets Release Criteria <input type="checkbox"/> Not Met
COMPLETED BY:	
User's Name and Signature	

BEHAVIORAL ACTIVITY ASSESSMENT

Guam Memorial Hospital Authority

Page 2 of 2 Revised: 2/2018 Approved: NM:2/2018 HMC:3/2018

Form #: iMed 16 - 004

Patient ID Label