Date: _______________  Time: _______________  Location: _______________________

Persons Participating (and title):

______________________________ _________________________________

______________________________ _________________________________

______________________________  _________________________________

______________________________ _________________________________

First Incident of Restraint Use this admission:  ____ Yes  _____ No

1. What happened? What signs were observed when the patient’s behavior was escalating?

2. Describe any de-escalation options employed and the patient’s response.

3. What events resulted in the patient to be restrained?

4. Did the patient experience any injury/trauma related to restraint use?  ____ No  ____ Yes (explain)

5. Injury:  ____ None  ____ Patient  ____ Staff Member  ____ Others: ______________________

6. Did the patient feel his/her needs, including privacy were met?  ____ No  ____ Yes

7. Review of Patient’s Input

8. Recommendations and implementation of change in treatment plan. (What do you think should be done differently the next time, or to prevent a future occurrence).

__________________________________________  _______________
Staff Member Completing Form (Print & Signature)   Date: