

RESTRAINT USE FOR BEHAVIORAL MANAGEMENT REASON - DEBRIEFING FORM

NOTE: DO NOT PLACE IN PATIENT'S MEDICAL RECORD

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:

**Restraint Use for Behavioral Management Reasons
Debriefing Form**

PATIENT ID LABEL