

## RESTRAINT DOCUMENTATION FORM

Date of Restraint: \_\_\_\_\_

Time of Restraint: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

### **Antecedent Event (s):**

Where was the resident? \_\_\_\_\_

What was the behavior resident exhibited prior to behavior that resulted in restraint?

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### **Precipitating Event Immediately Preceding the Behavior that Prompted Use of Restraint:**

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### **Alternate De-Escalation Strategies Attempted by Staff Prior to Restraining Resident:**

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|--|---|---|
| <input type="checkbox"/> Provided Choices          | <input type="checkbox"/> Verbal Redirection                                     | <input type="checkbox"/> Calming Techniques |
| <input type="checkbox"/> Reduced Demands           | <input type="checkbox"/> Reduced Verbal Interaction                             |   |
| <input type="checkbox"/> Removal of Other Resident | <input type="checkbox"/> Offer of Voluntary Separation from group and/or milieu |   |
| Request for Assistance                             |   |   |
| Other  |   |   |

**Behavior that Prompted Use of Restraint:** (Describe what the resident was doing that was dangerous to self or others.)

Threat of imminent, serious, physical harm to self.

Threat of imminent, serious, physical harm to others.

Threat of imminent, serious property destruction.

Explain:

Observed by: (Name (s) of staff): \_\_\_\_\_

Length of Time in Restraint: \_\_\_\_\_

Type of Restraint Used: \_\_\_\_\_

Name/Title of Administrator Present or Notified: \_\_\_\_\_

Time of Administrator Notification: \_\_\_\_\_

**Resident Behavior During and at End of Restraint:**

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**NAME AND SIGNATURE OF PERSON(S) IMPLEMENTING AND MONITORING RESTRAINT:**

Staff Name (s)	Staff Signature	Monitoring (M) Implementing (I)	Staff Trained in CPI (yes/no)

**Behavior Support Follow Up Plan:**

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**Administrator and/or Restraint Coordinator Follow Up Plan:**

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Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_