RESTRAINT DOCUMENTATION FORM

Time of Restraint:	
Antecedent Event (s): Where was the resident? What was the behavior resident exhibited prior to behavior that resulted in restraint? Precipitating Event Immediately Preceding the Behavior that Prompted Use of Restrain Alternate De-Escalation Strategies Attempted by Staff Prior to Restraining Resident: Provided Choices Reduced Demands Reduced Demands Removal of Other Resident Request for Assistance Other Behavior that Prompted Use of Restraint: (Describe what the resident was doing that was dangerous to self or others.)	
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Threat of imminent, serious, physical harm to self.	
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):	
Longth of Time in Destraints	
Length of Time in Restraint:	
Type of Restraint Used:	
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Name/Title of Administrator Present or Notified:	

esident Behavior During	and at End of Restraint:		
	URE OF PERSON(S) IM	PLEMENTING AND M	MONITORIN
ESTRAINT:			
Staff Name (s)	Staff Signature	Monitoring (M) Implementing (I)	Staff Train in
		Implementing (1)	CPI (yes/n
havian Cunnant Fallaw I	In Dlone		
havior Support Follow U	<u>) p Pian:</u>		
ministrator and/or Rest	raint Coordinator Follow Up	<u>Plan:</u>	
		_	
mature of Administrator	r:	Date:	Time: