

### Restraint/Seclusion Same-Day Staff Analysis

Patient name	Patient #
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Check event that applies:  Restraint  Seclusion

Restraint/Seclusion:

Date	Time
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Location
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First incident R/S this admission:  Yes  No

Primary staff involved in the intervention:

Staff present for analysis:

1. What events led up to the incident?
2. How did the situation escalate (verbal, non-verbal, physical)?
3. What staff actions helped (verbal, non-verbal, physical)?
4. What staff actions didn't help (verbal, non-verbal, physical)?
5. Was a PRN or STAT medication given before or during restraint or seclusion?  
 Yes  No If yes,  PRN or  STAT?

	Time Given	Medication	Dose	Route
1 <sup>st</sup> dose				
2 <sup>nd</sup> dose				
3 <sup>rd</sup> dose				

6. Was staff response time appropriate?  Yes  No
7. Were all needed equipment and supplies immediately available and ready?  Yes  No
8. Were there enough staff to safely manage the situation?  Yes  No
9. Was it clear who was the on-scene leader?  Yes  No
10. Comments and explain any answers of "No" on questions 6 through 9.

11. If there were injuries to patients or staff, indicate who was injured and the type of injuries. Identify staff by job title only and other patients by client ID.

Actions taken to treat injuries (patient or staff).

12. What went well about the emergency response?

13. What could we try next time that might work better?

14. Recommendations for treatment plan or administrative review and other comments.

15. Ensure restraint/seclusion intervention is recorded in the treatment plan.  Yes  No

16. Describe the physical and emotional effects on both the consumer and the staff. Have staff or patients been informed of how to seek psychological services to cope with this event?

Signature of RN supervisor or designee