

Restraint/Seclusion Patient Debriefing

Patient name	Patient #
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Check event that applies: Restraint Seclusion

Date	Time
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Location

1. What events led up to the incident?
2. Did I say or do anything that made the situation worse?
3. How did I feel before all of this happened?
4. How do I feel now?
5. What did I want in the first place?
6. What actually happened to me as a result?
7. What could I try next time that might work better?
8. I also want staff to know.

Patient signature	Signature of RN supervisor or designee
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