

Risks, Triggers, Signs and Coping Aids

Patient name	Patient #
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Date

1. During your course of treatment, we try to identify and avoid things that cause agitation, fear, or panic. Tell us what kinds of things may set off actions that may lead to a dangerous situation.

Examples may be:

Being given time limits	Being told what to do	Loud noises or voices	Time of year
Being ignored	Being teased or picked on	Men	Tone of voice
Being told no	Certain people or family members	Time limits	Women
Being touched	Finger pointing	Not having control	Time of the month
Being told to wait	Isolation	Time of day	

2. Are you aware of any observable early warning signs that staff should be aware of that you may exhibit before you start to get upset?

Examples may be:

Sweating	Loud voice	Can't sit still	Hurting others or things
Breathing hard	Sleeping a lot	Being rude	Hurting myself
Racing heart	Sleeping less	Pacing	Not able to care for self
Clenching teeth	Hyper	Crying	Isolating/avoiding people
Clenching fists	Swearing	Squatting	Laughing loudly/giddy
Red faced	Bouncing legs	Eating less	Singing inappropriately
Wringing hands	Rocking	Eating more	Other

3. What are some things that might help you calm down when you start to get upset?

Examples may be:

Board games	Drawing	Play doh	Stuffed animals
Bouncing balls	Exercising	Punching a pillow	Talking with someone
Card games	Jigsaw puzzles	Reading	Tearing paper
Collapsible activity toys	Journaling	Relaxation techniques	Time alone
Coloring	Lego blocks	Sitting by self	Video games
Computer	Looking at pictures	Screaming and yelling	Walking
Crafts	Music - listening or playing	Shower or bath	Watching television
Crossword puzzles	Outdoor games	Silly Putty	Wrapping up in a blanket
Crying	Pacing or walking	Squish pillows	Writing stories or letters
Deep breathing	Phone calls	Stress balls	about feelings

4. Have you ever had to be in restraints or seclusion in previous inpatient episodes? Yes No
If yes, please describe where and when.

5. What happened that resulted in the use of restraint or seclusion?

6. Do you have any medical conditions or physical disabilities?

7. Do you have any history of sexual or physical abuse?

Staff signature	Date
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