

**Restraint/Seclusion Debriefing:  
Administrative Review**

Patient name	Patient #
Date R/S started	Time
Date R/S ended	Time
Location	

Review team staff present:

(Leader)

- Patient debriefing form reviewed
- Same day staff debriefing form reviewed
- Next working day team debriefing form reviewed (If patient has been in restraint or seclusion more than once in the past 30 days, specifically address the causes and plans to eliminate future episodes.)
- Is there evidence that a rule or policy may have triggered the incident?
  - Yes (Indicate the rule and any changes that may have gone into effect since the event.)
  - None

Training needs identified based on review of information:

Yes

None

Feedback for treatment team based on review of information:

Yes

None

Feedback will be provided by (administrative leader):

- Recommended acknowledged by:  Treatment team       Physicians       Nursing  
 Training       Other:

Date and time of administrative review: