|  |  |
| --- | --- |
| **Name of service user:** | **NHI:**  |
| **Date:** | **Time restraint started:** |
| **Duration of the restraint:** |  |
| **Risks involved in the restraint:** |
|  |
| **Reason for restraining:**  |
|  |
| **Service users advanced directives have been considered** |
| **Advanced directives:** | **How the directives have been considered:** |
|  |  |
|  |  |
| **How have previous restraint evaluations been considered:** |
| **1** | **2** |
| **3** | **4** |
| **Service user’s history of trauma and abuse – being held against their will:**  |
|  |
| **Cultural considerations:** |
|  |
| **Removal of significant cultural symbols (specifics):** |
| **Cultural advise thought from:**  |  |
| **Advocacy/support offered (detail):** |  |
| **Contributing factors that requires the use of restraint:** |
|  |  |
|  |  |
|  |  |
|  |
|  |  |
|  |  |
|  |  |
| **De-escalation strategies used before the restraint:** |
| **1……………………………………………….****2……………………………………………….****3……………………………………………….** | **4……………………………………………….****5……………………………………………….****6……………………………………………….** |
| **Frequency of reviewing the necessity to continue the restraint:** |
| **Frequency of monitoring the service user during the restraint:** |
| **Monitoring plan:** |
| **Physical** | **Psychological** | **Spiritual/cultural** | **Other**  |
|  |  |  |  |

|  |
| --- |
| **Anticipated outcome of the restraint:** |
| **Service user perspective:** | **Staff perspective:** |
| **Criteria for ending the restraint:**  | **Communicated to/negotiated with the service** **user (provide details): □ yes □ no** |
|  |  |
| **Consultation with family/whanau/support occurred (provide details): □ yes □ no** |
|  |
| **Staff in charge of the restraint** | **Name:** | **Role:** |
| **Restraint initiated by** | **Name:** | **Role:** |
| **Type of restraint used:** | **1** | **2** |
| **3** | **4** | **5** |
| **Staff applying restraint:**  | **Name:**  | **Designation:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **De-escalation strategies used during the restraint:** |
| **1……………………………………………….****2……………………………………………….****3……………………………………………….** | **4……………………………………………….****5……………………………………………….****6……………………………………………….** |
| **Physical injuries as a result of the restraint:** |
| **Service user:** |  |
| **Staff:** |  |
| **This report was completed by:** |
| **Name** | **Designation:** | **Date:** |

|  |
| --- |
| **Post Restraint Evaluation** |
| Date: | Time: |
| **Service user’s de-brief/view /impact of the restraint:** |
|  |
| **Service user’s opinion how the restraint could have been avoided/shortened:** |
|  |
| **Restoration of cultural significant symbols:** |
|  |
| **Family/whanau was communicated with (provide detail, including their view of the restraint):**  |
|  |
| **Policies and procedures have been implemented throughout the restraint process:** **□ yes □ no** |
| If no, provide details: |
| **Has the anticipated outcome of the restraint been achieved**: **□ yes □ no** |
| Explain: |
| **Future options to avoid the use of restraint:** |
|  |
| **Changes in restraint training required: □ yes □ no**  |
| **If yes, provide details:** |
| **The information of the restraint record has been entered into the restraint monitoring log.****Date:** |
| **This report was completed by:** |
| **Name** | **Designation:** | **Date:** |