|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | |
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| **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** |
|  |  | | | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |