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| Patient name: | Incident date: |
| CHI: | Incident time: |
| Describe the behaviour the patient is displaying and the risks it presents: | |
| Please detail assessment of underlying and contributing factors: | |
| Please detail any alternatives to soft restraint that have been considered and/or implemented: | |
| Plan for intervention using restraint, detailing: <ul style="list-style-type: none">- The objectives of using the restraint system- The frequency with which the equipment would be used (e.g. daily)- The duration of use (e.g. 15 minutes)- The duration of the restraint care plan before a full review (e.g. 2 weeks)- The degree to which movement of the limbs will be restricted- Where the restraint will be applied- A description of the criteria used to judge the success of using the system | |

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What are the potential risks for the patients or others associated with the above plan?

Are there any resource requirements associated with this plan?

Staffing:

Equipment:

Training:

Other:

Who had been involved in the consultation regarding this plan?

For example, individual (irrespective of their ability to consent), family, carer, Multidisciplinary Team, Centre of Management of Aggression, Mental Welfare Commission?)

When will this plan be reviewed and who will be involved?

PRINT name:

Job title:

Signed:

Date: