Restrictive practice use record

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

A restrictive practice is a last resort. Record every use, even a short one.

Date *

_____

Time started *

_____

Resident or client *

Their name or ID.

_____

Type of restrictive practice *

○ Physical ○ Chemical ○ Environmental ○ Mechanical ○ Seclusion

Reason it was used *

The behaviour or risk, and why it couldn't be managed another way.

_____

_____

_____

Alternatives tried first *

_____

_____

_____

How long it was used *

_____ minutes

Is consent or authorisation on file? *

☐ Yes ☐ No

Monitoring notes *

How often the person was checked, and how they were.

_____

_____

_____

Signature *

This record is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____