Individualized Restraint Reduction Planning Form

Directions: Complete this form with your restraint reduction team; enter the appropriate information and/or date(s) for each item.

Resident Name: _____ Date: _____

1. What type of restraint is currently being used?	Type:
2. When was the restraint ordered?	Date:
3. Is the precipitating medical symptom a current concern?	☐ Yes ☐ No
4. Can a restraint alternative be trialed? (If no, skip to Question 5.)	☐ Yes ☐ No
a. Type of restraint alternative to be trialed.	Type:
b. Date to trial the restraint alternative.	Date:
c. Staff are aware of the trial period for the restraint alternative.	☐ Yes ☐ No
d. Date to assess the resident's response	Date:
e. Describe resident's response/the effect of the restraint alternative.	
f. Proceed with restraint alternative?	☐ Yes ☐ No
i. If yes, when is the care plan updated?	Date:
ii. If yes, when is the staff updated to changes in care plan?	Date:
iii. If no, repeat Question 4 until no additional alternatives can be identified.	
5. Can a less-restrictive restraint be used? (If no, skip to Question 6.)	☐ Yes ☐ No
a. Type of less-restrictive retraint to be trialed.	Type:
b. Date to trial the less-restrictive restraint.	Date:
c. Staff are aware of the trial period for the less restrictive-restraint.	☐ Yes ☐ No
d. Date to assess the resident's response.	Date:
e. Describe resident's response/the effect on the less-restrictive retraint.	
f. Proceed with less-restrictive restraint?	☐ Yes ☐ No
i. If yes, when is the care plan updated.	Date:
ii. If yes, when is the staff updated to changes in care plan.	Date:
iii. If no, repeat Question 5 until no additional less-restrictive restraints can be identified.	
6. Can the current restraint be removed for periods of time?	☐ Yes ☐ No
a. Time period to trial the removal.	Time:
b. Dates to trial the times for restraint removal.	Date:
c. Staff are updated to changes in care plan.	☐ Yes ☐ No
d. Date to assess the resident's response.	Date:
e. Describe resident's response/the effect of the restraint removal.	
f. Proceed with restraint removal for specified times?	☐ Yes ☐ No
i. If yes, care plan is updated.	Date:
ii. If yes, the staff is updated to changes in care plan.	Date:

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