Unapproved Behavior Support Form

Individual Name:
Date of Hospitalization:

Date Form Filled Out:
MUI Number:

Name of Person filling out Form:
Title:
Contact Information:

Agency:

UBS / HISTORY / ANTECEDENTS:
Please list what led to UBS. Provide a timeline and whether this individual has a history of this behavior. Provide details of prevention measures from prior incidents.

How many times was the intervention used?

How long (total) was the individual restrained:

BEHAVIOR SUPPORT PLAN
Did the individual have a Behavior Support Program? Did the staff know about the BSP? Was the staff trained on the implementation of the BSP?

INJURIES:
Were there any injuries to the individual or anyone else involved in the UBS? Did the individual receive timely medical care?

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DESCRIPTION:
Describe in detail the intervention and the reason used. How was it necessary for the health and welfare of individual or other individuals?

CAUSE AND CONTRIBUTING FACTORS:

- ☐ Supervision not met
- ☐ Staff ratio was not appropriate
- ☐ Diet not followed
- ☐ Asked to complete task
- ☐ Change in Routine
- ☐ Excessive Noise
- ☐ 1:1 Attention unavailable
- ☐ Peer aggression
- ☐ Outing Cancelled
- ☐ Control Issues-staff/family/peers
- ☐ Medication Change
- ☐ Illness
- ☐ Possible Hallucination
- ☐ Loss of Important Relationship
- ☐ ISP/BSP Not followed

Other:

PREVENTION MEASURES:

- ☐ Physical/Social Environmental Change
- ☐ Agency Policy/System Change
- ☐ Staff Training
- ☐ Counseling
- ☐ Team Meeting to address ISP Changes
- ☐ Appointment with Medical Care Provider
- ☐ Medication Changes
- ☐ Follow up Appointment Scheduled
- ☐ PT/OT/Speech Referral made to address communication or mobility concern
- ☐ Diet Change Ordered
- ☐ Home Health Care

Other:

INVESTIGATIVE AGENT REVIEW:

Comments & Questions:

REVIEW COMPLETED DATE: **IA NAME:**

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PLEASE CHECK ALL THAT APPLY

☐ Physical Restraint:

- ☐ Basket hold
- ☐ Multiple Person Carry
- ☐ Multiple Person Escort
- ☐ One Person Carry
- ☐ One Person Escort
- ☐ Other Restraint
- ☐ Physically Prompted Hands down with resistance
- ☐ Prone
- ☐ Restraint of Multiple Appendages
- ☐ Restraint of One Appendage
- ☐ Seated Restraint
- ☐ Side Restraint
- ☐ Standing Restraint
- ☐ Supine
- ☐ Other:
- ☐ Time-Out List details of time-out, including length of time

☐ Chemical:

- ☐ Anti-Anxiety
- ☐ Anticonvulsant
- ☐ Antidepressant
- ☐ Antipsychotic
- ☐ Mood Stabilizer
- ☐ Other:

☐ Mechanical:

- ☐ Full Body-papoose board wrap
- ☐ Full Body-seated position
- ☐ Full Body-supine position
- ☐ Gait Belt
- ☐ Helmet
- ☐ Locked Seat Belt/vest-not during transportation
- ☐ Mitts
- ☐ Others
- ☐ Splints
- ☐ Transportation-locked seatbelt/vest/others
- ☐ Wheelchair controls disabled
- ☐ Wheelchair for individual who does not use normally
- ☐ Other: