

Name [REDACTED]	Cottage 10A	Casebook # [REDACTED]
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DATE OF INCIDENT: Feb. 27/96 TIME 1245 DURATION 20-sec

LOCATION OF INCIDENT: Aside T.V. area

1 a) Circumstances (events) immediately prior to the disturbed behaviour:

just finished lunch and was sitting on the couch

b) Early warning signals i.e. pacing, yelling, face flushed:

none

2 Description of the disturbed behaviour:

grimaced (looked angry) and began pounding self in ears & closed fists

3 Action taken by staff (Describe)	DURATION
Calming: <input checked="" type="checkbox"/> Verbal x 2	10 sec
Defusing:	
Psychological:	
Exclusion:	
Seclusion:	
Physical:	
Mechanical:	
Chemical:	

If NOT Pre-authorized by Individual Behaviour Protocol/Physician's Order:

Authorization by: _____
(print Name and Title) Signature

4 Were restraints successful? How did client react to intervention?

How long were restraints applied before resident calmed?

[REDACTED]

Signature [REDACTED]

Reviewed by Person in Charge

Feb. 27/96
Report Date
Feb 27/96
Date



Name	Cottage 10-A	Casebook #
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Instructions: Record all incidents of disturbed behaviour. Give What? When? Where? Include the results and resident's response to any action taken.
 Action Taken: Record action taken, if any, opposite each entry, where applicable. Date, time and sign each entry.
 Disposition: Retain original in ward file for 1 Year. (at the discretion of the supervisor and counsellor) then to Resident Records for filing.

DATE OF INCIDENT: JULY 21 196 TIME OF INCIDENT 1700 hrs

LOCATION OF INCIDENT: COTTAGE 10-A LIVINGROOM

2. a) Circumstances (events) immediately prior to the disturbed behaviour:

Sitting quietly on the sofa

b) Early warning signals i.e. pacing, yelling, face flushed:

NONE

3. Description of the disturbed behaviour:

Slapping himself in back of neck. Then
slapping his ears & cheeks very hard

Duration of Incident

4. Action taken by staff:

Calming: Told ^{to} separate repeatedly to stop
 Defusing:
 Exclusion:
 Physical:

5. If restraints were necessary, describe what type:

Record of Authorization
for Emergency Use:

Seclusion:
 Mechanical:
 Chemical:

[Redacted Signature]

Signature

July 21/196
Report Date

6. Were restraints successful? How did client react to intervention?

How long were restraints applied before resident calmed?

[Redacted Name]
Reviewed by Person in Charge

[Redacted Name]

21-07-96
Date