

De-Escalation Preference Form Staff to Complete Within 24 Hours of Admission

This form is a guide to gathering information with patients for the development of strategies to de-escalate agitation and distress so that restraint use can be avoided. Indications include a past history or likelihood of loss of control or aggressive impulses. After clinical review, the information obtained should be incorporated into the treatment plan for this patient.

1. Have you had any prior arrests Y N
If so what for? _____
Have you been arrested multiple times? Y N Served time? Y N On parole? Y N
2. Are you unemployed? Y N
3. Are you a survivor of child abuse? Y N
would you like to discuss this with your therapist? Y N
4. Are you in recovery for substance use? Y N Did you relapse prior to admission? Y N
5. On a scale of 1- 10 with 10 being in most control, how would you rate your anger control? _____
Have you had any violent fantasies? Y N
6. Have you previously been admitted on an involuntary status? Y N
Current status? 201 302
7. It is helpful for us to be aware of things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives but I'd like us to work together to figure out how we can best help you while you are here. (check those activities the individual indicated as helpful)

<input type="checkbox"/> voluntary time out in a quiet room	<input type="checkbox"/> listening to music
<input type="checkbox"/> sitting by the nurses station	<input type="checkbox"/> reading a newspaper/book
<input type="checkbox"/> talking with another patient	<input type="checkbox"/> watching TV
<input type="checkbox"/> talking with staff	<input type="checkbox"/> walking the halls
<input type="checkbox"/> having your hand held	<input type="checkbox"/> calling a friend
<input type="checkbox"/> having a hug	<input type="checkbox"/> calling your therapist
<input type="checkbox"/> punching a pillow	<input type="checkbox"/> pounding some clay
<input type="checkbox"/> writing in a diary/journal	<input type="checkbox"/> exercise
<input type="checkbox"/> deep breathing exercises	<input type="checkbox"/> using ice on your body
<input type="checkbox"/> going for a walk with staff	<input type="checkbox"/> other? (please list below)
<input type="checkbox"/> taking a hot shower	<input type="checkbox"/> Wrapping up in a blanket
<input type="checkbox"/> putting hands under cold water	<input type="checkbox"/> lying down with a cold face cloth
<input type="checkbox"/> other? (please list) _____	

Hahnemann University Hospital



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PATIENT ID

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8. Is there a person who has been helpful to you when you're upset? Yes No

Would you like them to come and visit you? Yes No

Can we assist in this process? Yes No

Contact: _____

9. What are some of the things that make it more difficult when you are already upset? Yes No

Are there particular "triggers" that you know will cause you to escalate?

being touched bedroom door open

particular time of day (when?) loud noise

not having control/input (explain) being isolated

people in uniform time of the year

yelling

other (please list) _____

10. Have you ever been restrained in a hospital or other setting, for example, in a crisis stabilization

Unit or at home? Yes No If yes, indicate when, where and what happened below.

When?	Physically / Mechanically
Where?	
What Happened?	

11. Do you have a preference regarding the gender of staff assigned to you during and immediately after a restraint? Women staff Men staff No preference

12. Is there anything that would be helpful to you during a restraint? Yes No

If yes, please describe: _____

13. We do room checks here to make sure that you are okay during the night. We are trying to make these room checks as non-intrusive as possible. Is there anything that would make room checks more comfortable for you? _____

Staff Member Signature: _____

Date: ____/____/____

Time: AM PM

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