Unapproved Behavior Support Form

**Individual’s Name:** **Date Form Filled Out:**

**Date of UBS: MUI Number:**

**Name of Person filling out Form:**

**Title: Agency:**

**Contact Information:**

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| **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.** |
| **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 attention?** |
| **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:** |
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| --- | --- |
| * **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**
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**Other:** |
| **PREVENTION MEASURES:** |
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|  |  |
| --- | --- |
| * **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**
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**Other:** |
| **INVESTIGATIVE AGENT REVIEW:****Comments & Questions:****REVIEW COMPLETED DATE: IA NAME:** |
| **Unapproved Behavior Support Form V.1 (4-30-13)****PLEASE CHECK ALL THAT APPLY** |
| * **Physical Restraint:**
* **Baskethold**
* **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**
* **Restrain or One Appendage**
* **Seated Restraint**
* **Side Restraint**
* **Standing Restraint**
* **Supine**
* **Other:**
* **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 ind who does not use normally**
* **Other**
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