

Appendix X: Example: Debriefing Form: Patient Debriefing Tool following Restraint/ Seclusion

Provided by Stone Institute of Psychiatry
Northwestern Memorial Hospital
Chicago, IL

Patient Debriefing Tool Following Restraint/ Seclusion

(to be completed within 4-24 hours after release from restraint/ seclusion (r/s) by assigned RN)

1. Is there anything staff could have done to assist you with regaining control prior to going into R/S?
2. Were you attempting to give others cues that you were in need of special assistance or beginning to feel “out of control”?
3. Do you know why staff determined that you needed to be in seclusion and/or restraints?
4. In your estimation, was the length of time spent in R/S appropriate? Yes No (circle one)
Do you think you could have returned to the unit sooner? Yes No (circle one)
5. You were in restraint/ seclusion for ____ hours. How did that time pass for you?
6. How do you feel regarding the care that was provided to you?
Were your needs met? Yes No (circle one)
Were you treated with respect? Yes No (circle one)
Was your privacy maintained? Yes No (circle one)
7. What was the most helpful regarding the intervention?
What was the least helpful?
8. How could we have made re-entry (your return to the unit, group, your peers) easier for you?

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