RECORD OF RESTRAINT USAGE
(See 22 VAC 40-72-700 C)

The initials of the staff person attest to the fact that he/she performed indicated monitoring and care periods, and noted outcomes and any unusual occurrences or problems. Use a separate row for each date and restraint use time period. If more than one staff person provided services in any given period of restraint use, that which is attributed to each person should be clear. Record names of staff with matching initials on Page 2.

Resident's Name: _____

DATE OF RESTRAINT USE	START & END TIME OF RESTRAINT USE	TIME(S) OF MONITORING CHECKS	TIME(S) OF CARE PERIOD AND TYPE(S) OF CARE PROVIDED	OUTCOME(S)	UNUSUAL OCCURRENCES OR PROBLEMS, IF ANY	STAFF INITIALS

RESIDENT'S NAME_____

DATE OF RESTRAINT USE	START & END TIME OF RESTRAINT USE	TIME(S) OF MONITORING CHECKS	TIME(S) OF CARE PERIOD AND TYPE(S) OF CARE PROVIDED	OUTCOME(S)	UNUSUAL OCCURRENCES OR PROBLEMS, IF ANY	STAFF INITIALS

List the name and initials of all staff who monitor or provide care to the restrained resident:

NAME	INITIALS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____