

Post Behavioral Intervention Debriefing Form

Behavioral Intervention activation Date: _____ Time: _____

Unit/Location of Behavioral Intervention: _____

Reason for activating Behavioral Intervention:

- Agitated/ Combative/Assaultive patient
- Patient attempting to leave the hospital
- Dementia with behavioral disturbance
- Altered mental status
- Intoxicated patient
- Other reasons for activating Behavioral Intervention _____

Was alcohol withdrawal suspected as a factor in this patient's need for a Behavioral Intervention? Yes No Was patient on CIWA PROTOCOL? Yes No **Behavioral Intervention number respondents****Time of responder arrival:**

- Primary team representative _____ (specify service team) _____
- Psychiatry resident _____
- CL psychiatry _____ Crisis clinician _____
- Security Officers _____
- UCHC Police Supervisor _____
- Nursing _____ Others _____

Interventions prior to Behavioral Intervention _____**Interventions resulting from Behavioral Intervention**

- Verbal interventions Physical interventions CO/1:1 Sitter
- Pharmacological intervention (specify) PO IM IV
- Any other interventions (specific):

Complications from Behavioral Intervention

- Injury to patient Injury to staff other complications (specify) _____

Post Behavioral Intervention follow up action plan

- CL psychiatry team involved and will follow patient
- Changes in Alcohol Withdrawal Treatment
- Other post code strong interventions and changes (specify) _____

Comments/Suggestions regarding Behavioral Intervention

Positive outcome from code:

- Beneficial to patient Assisted primary treatment team

Problems encountered:

- Delayed response Goals not met Code resulted in adverse outcome

Other comments _____

Name and designation of person filling the form _____

Signature _____ Date and time _____