



**INTERDISCIPLINARY QUARTERLY CARE
PLAN AND RESTRAINTS REVIEW**

ADDRESSOGRAPH/LABEL

DATE COMPLETED: _____

Documents Reviewed and updated:

- ADL Sheet
 - Braden Scale
 - Elopement Scale
 - Falls Risk Assessment
 - Geriatric Depression Scale/Sig Caps
 - Integrated Care Plan
 - Recreation Quarterly Review
 - Oral Health Assessment
 - Pain Assessment
 - SCHIPP Assessment
 - Smoking Assessment
 - Violence & Aggression Screening Tool
- Date:** _____ **Initial:** _____ **(by Recreation)**

- IPN any changes in health status since last quarter**
- Equipment Review – if any changes notify Business Office**

Restraints Review:

- Describe efforts made to resolve the issue for which the restraint was initiated and plan for further investigation:

- Record resident's response to restraint:

- Plan for return to independence (if feasible) or purpose for continued use of restraint:

- Recommendation (Document any changes or discussion with family in Integrated Progress Notes (IPN) and change the Restraint Care Plan):

- Continue with restraint
- Discontinue restraint
- Modify/change restraint
(complete restraint assessment, if modifying/ changing restraint)

Interdisciplinary Team - at minimum, one nurse and one other discipline (signature and designation when present):

Date: _____	Signature: _____	Designation: _____
Date: _____	Signature: _____	Designation: _____
Date: _____	Signature: _____	Designation: _____
Date: _____	Signature: _____	Designation: _____