Unapproved Behavioral Support MUI Form

Individual's Name: ______ Date of UBS: ______ Name of Person Completing Form: ______ Title: ______ Contact Information: ______	Date Form Completed: ______ MUI Number: ______ Provider: ______

UBS/HISTORY ANTECEDENTS

Please list what led to UBS. Provide a time line and whether this individual has a history of this behavior.
Provider details of prevention measures from prior incidents.
How many times was the intervention/support used? How long (total) was the individual restrained?

______
______
______
______
______
______
______
______
______
______
______

BEHAVIOR STRATEGIES

Did the individual have behavioral support strategies outlined in their service plan? Did the staff know about the strategies? Was the staff trained on the implementation of the behavioral support strategies?

______
______
______
______
______
______

TYPE OF UBS (CHECK ALL THAT APPLY)

Physical Restraint:

- Baskethold
- Multiple Person Carry
- Multiple Person Escort
- One Person Carry
- One Person Escort
- One Person Restraint
- Physically Prompted Hands Down with Resistance
- Prone
- Restraint of Multiple Appendages
- Seated Restraint
- Side Restraint
- Standing Restraint
- Supine
- Time Out- list details of time-out, including length of time: ______
  ______
- Other: ______

Unapproved Behavioral Support MUI Form

(CHECK ALL THAT APPLY)

Chemical Restraint:

- 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
- Splints
- Transportation – locked seatbelt/vest/others
- Wheelchair controls disabled
- Wheelchair for individual - not used regularly
- Other: ______________________________

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/support and the reason used. How was it necessary for the health and welfare if individual or other individuals?

____
____
____
____
____
____
____
____
____
____
____
____
____
____

Unapproved Behavioral Support MUI Form

CAUSE AND CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)

- Supervision Not Met
- Staff Ratio 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 Changes
- Illness
- Possible Hallucination
- Loss of Important Relationship
- ISP/BSP Not Followed

Other: ____

PREVENTION MEASURES (CHECK ALL THAT APPLY)

- Physical/Social environmental changes
- 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

Other: ____

INVESTIGATIVE AGENT REVIEW

Comments and Questions:

____

____

____

____

____

____

IA NAME: ______________________________ **REVIEW COMPLETED DATE:** ______________