Unapproved Behavioral Support MUI Form

Individual's Name: **Date Form Completed:**

Date of UBS: **MUI Number:**

Name of Person Completing Form:

Title: **Provider:**

Contact Information:

UBS / HISTORY / ANTECEDENTS

Please list what led to UBS. Provide a timeline and whether this individual has a history of this behavior. Provide 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?

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 of individual or other individuals?

CAUSE AND CONTRIBUTING FACTORS:

☐ **Supervision not met**	☐ **Outing Cancelled**
☐ **Staff ratio was not appropriate**	☐ **Control Issues-staff/family/peers**
☐ **Diet not followed**	☐ **Medication Change**
☐ **Asked to complete task**	☐ **Illness**
☐ **Change in Routine**	☐ **Possible Hallucination**
☐ **Excessive Noise**	☐ **Loss of Important Relationship**
☐ **1:1 Attention unavailable**	☐ **ISP/BSP Not followed**
☐ **Peer aggression**	

Other:

PREVENTION MEASURES:

☐ **Physical/Social Environmental Change**	☐ **Medication Changes**
☐ **Agency Policy/System Change**	☐ **Follow up Appointment Scheduled**
☐ **Staff Training**	☐ **PT/OT/Speech Referral made to address communication or mobility concern**
☐ **Counseling**	☐ **Diet Change Ordered**
☐ **Team Meeting to address ISP Changes**	☐ **Home Health Care**
☐ **Appointment with Medical Care Provider**	

Other:

INVESTIGATIVE AGENT REVIEW:
Comments & Questions:

REVIEW COMPLETED DATE: **IA NAME:**

☐ **Physical Restraint:**

- ☐ **Basekethold**
- ☐ **Multiple Person Carry**
- ☐ **Multiple Person Escort**
- ☐ **One Person Carry**
- ☐ **One Person Escort**
- ☐ **Other Restraint**
- ☐ **Physically Prompted Hands down with resistance**
- ☐ **Prone**
- ☐ **Restraint of Multiple Appendages**
- ☐ **Restrain or One Appendage**
- ☐ **Seated Restraint**
- ☐ **Side Restraint**
- ☐ **Standing Restraint**
- ☐ **Supine**
- ☐ **Other:**
- ☐ **Time-Out List details of time-out, including length of time**

☐ **Chemical:**

- ☐ **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**
- ☐ **Others**
- ☐ **Splints**
- ☐ **Transportation-locked seatbelt/vest/others**
- ☐ **Wheelchair controls disabled**
- ☐ **Wheelchair for individual who does not use normally**
- ☐ **Other**