

Order Sheet to Restrain or Seclude a Patient for Primary Behavior Health Needs

Date: _____ Time: _____

1 Specific Behavior(s) requiring restraint: _____

2 Describe less restrictive alternative(s) failed: _____

OR, trial determined to be inadvisable

3 Type of Restraint Ordered:

- Observation not to exceed every
- Seclusion _____ 15 minutes
- 4 point locked and seclusion, (Only in violent risk) _____ 15 minutes

4 Qualified staff may try discontinuing in absence of behaviors in #1 above
(if original behaviors recur within 2 hrs and original order not expired, may
reinstigate under this same order)

5 Time limit hrs May NOT exceed 4 hours.

6 Qualified Staff Re-evaluate every hrs (May NOT exceed 4 hours)
Extend order to a maximum of 24 hrs if
behavior(s) persists

(circle appropriate response)

Re-evaluated at: _____	extend order	discontinue	signature: _____
Re-evaluated at: _____	extend order	discontinue	signature: _____
Re-evaluated at: _____	extend order	discontinue	signature: _____
Re-evaluated at: _____	extend order	discontinue	signature: _____
Re-evaluated at: _____	extend order	discontinue	signature: _____
Re-evaluated at: _____	extend order	discontinue	signature: _____

7 Initiate Restraint/Seclusion Flowsheet (Q15min).

Signature: _____

If restraint applied emergent prior to order, must have physician order within 1 hour.

If verbal order: it has to be countersigned within 24 hours.

If in seclusion:

- * and not examined by a physician within the previous 24 hours, must have a face-to-face exam within 4 hrs AND a NEW WRITTEN order.
- * and documented examination by a physician within the previous 24 hours, needs face to face examination within 14 hours AND A NEW WRITTEN order.

Enter in space below: PATIENT IDENTIFICATION -

Medical Record
DOCTOR'S ORDERS