

Order Sheet for Restraint

Date: _____ Time: _____

1 Behavior requiring restraint: _____

2 Describe less restrictive alternative failed: _____

3 Type of Restraint Ordered: _____ Observation not to exceed every

<input type="checkbox"/>	Seclusion	_____	15 minutes
<input type="checkbox"/>	4 point locked and seclusion, (Only in violent risk)	_____	15 minutes
<input type="checkbox"/>	3 point soft restraints:	_____	15 minutes
<input type="checkbox"/>	2 point soft restraints:	_____	30 minutes
<input type="checkbox"/>	1 point soft restraint:	_____	30 minutes
<input type="checkbox"/>	Vest or Belt	_____	60 minutes

4 Time limit hrs May NOT exceed 24 hours.

5 Initiate Observation Protocol

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 an 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 - TREATING FACILITY -

- DATE

Medical Record

DOCTOR'S ORDERS