

# LOCKED 4-POINT RESTRAINT OR SECLUSION (R/S) FLOW SHEET

Today's Date (date after Midnight) \_\_\_\_\_

Date episode began \_\_\_\_\_

CODE CARE AND PATIENT CONDITION: INITIAL REQUIRED  
Seclusion, 4 point q 15 min

**LEVEL OF EXTERNAL CONTROL CODE**

S	Seclusion only	2400	0800	1600
R	Restraint only	0015	0815	1615
R/S	Restraint/Seclusion	0030	0830	1630
B	Break	0045	0845	1645
T	Termination of episode	0100	0900	1700
C	Continuation of behavior requiring restraint	0115	0915	1715
		0130	0930	1730
	<i>Use code initially or with level change</i>	0145	0945	1745
		0200	1000	1800
		0215	1015	1815

**PERSONAL CARE:**

1.	am care/pm care	0230	1030	1830
2.	exercise/ROM	0245	1045	1845
3.	medication	0300	1100	1900
4.	meals/snacks	0315	1115	1915
5.	fluids	0330	1130	1930
6.	toilets	0345	1145	1945
7.	restraints adjusted	0400	1200	2000
8.	extremities (circulation/color/temp)	0415	1215	2015
9.	therapy/counseling	0430	1230	2030
10.	respiratory distress	0445	1245	2045
11.	other _____	0500	1300	2100
		0515	1315	2115
		0530	1330	2130
		0545	1345	2145

**BEHAVIOR:**

12.	rambling speech	0600	1400	2200
13.	threatening suicide	0615	1415	2215
14.	threatening bodily harm	0630	1430	2230
15.	combative when external control removed	0645	1445	2245
16.	striking out at people	0700	1500	2300
17.	striking objects	0715	1515	2315
18.	verbal outbursts	0730	1530	2330
19.	crying	0745	1545	2345

\*Criteria for termination of seclusion/restraint is absence of "C" or a time period as determined by physician.

- 20. labile mood
- 21. sleeping
- 22. refusing medications
- 23. yelling/screaming
- 24. does not relate to staff
- 25. restless
- 26. pacing
- 27. resting
- 28. other \_\_\_\_\_
- 29. other \_\_\_\_\_
- 30. other \_\_\_\_\_

**PATIENT IDENTIFICATION**

Name	Initial	Name	Initial