

Restraint: Physician Orders Medical Use

PATIENT PLATE

DATE: _____ START TIME: _____ STOP TIME: _____
(Required)

- A written or telephone order must be obtained from the physician, or certified nurse practitioner prior to application or immediately after the initiation of the restraint. The physician must perform a face to face evaluation of the patient within 24 hours of initiation of the restraint.
- A new order must be rewritten by the physician every day, after completing a face to face evaluation of the patient.
- Document care and frequent assessments on the unit-based flow sheet. Document initiation in progress notes.
- Do not use this form for 4-Point Restraints, leather or soft.
- Upon initiation of restraints, attempt to notify family.

1. Rationale For Restraint:

- Disruption of care: Removal of drains, lines, tubes Prevention of injury

2. Restraint Type:

- 4 Side Rails
 Soft Wrist/Ankle (number applied) _____
(3 point maximum allowed)
 Vest
 Other _____

3. Less restrictive alternatives tried first:

- Reduced stimuli One-to-one staff/family presence Medication Frequent Toileting
 Siderails (2-3) Bed Alarms/Bed Check Diversional Activities
 Hand Mitts Skin Sleeves Freedom Splints
 Time out in room
 Other: _____

4. Full names of staff members involved with restraint: _____

(Number 5 to be completed at the initiation of restraints only, not renewals, unless appropriate)

5. Document patient/family education.

6. Place order in Meditech

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HOSPITAL
Healthcare System

RESTRAINT ORDERS MEDICAL HEALTH USE
FORM 1-1018 (rev. 0306)