

Your LEATHER and/or LOCKED RESTRAINT LOCKED RESTRAINT **SECLUSION CHECKLIST**

TYPE OF RESTRAINT:

PATIENT IDENTIFICATION

REASON FOR RESTRAINT / SECLUSION:									
BEHAVIOR REQU	IRED FOR RESTRA	INT RELEASE:							
ALTERNATIVE PE	RFORMED PRIOR	TO RESTRAINT:							
COMPANIO / SUPERVIS		CHANGING TREATMENTS			RIENTATION/ OGICAL INTERVENT				
Date / Time	Hydration Nutrition	Toilet Comfort	Skin Integrity	Extremities: Circulation, Pulses, Neurovasc, Color,	LOC, Mental, Emotional Status	Document any Changes in Assessment /	Staff Initials		
				Temperature, Edema		Unusual Events			
				1					

Date / Time	Hydration Nutrition	Toilet Comfort	Skin Integrity	Extremities: Circulation, Pulses, Neurovasc, Color, Temperature, Edema	LOC, Mental, Emotional Status	Document any Changes in Assessment / Unusual Events	Staff Initials