COUNTY HOSPITAL

***Restraint usage for BEHAVIORAL situations require constant observation of the patient.

IMMOBILIZATION CHECKSHEET	TIME	Color/Warmth/Skin Every 2 hours	Position Change Hydration, Toileting Every 2 hours	Removal of Restraints, ROM Every 2 hours	Response to Restraints Every 2 hours*	Reason for Restraints Still Evident	Vital Signs
Pt./Family Education							
Sheet on Chart?							
() Yes () No							
() 163 () 110							
OPPER							
ORDER APPLIED							
Date:							
Time:							
EARLY RELEASE							
Time:							
REAPPLICATION			-				
Time:							
Title.	ļ						
EADLY DEVELOR							
EARLY RELEASE							1
Time:							
ALL							
						£ ,	
COMMENTS:							
							==
					4		
SIGNATURES:							
SIGNATURES:			a				

^{*}Codes for Response Column: Q=Quiet; S=Sleeping; C=Calm; R=Restless

^{**}See Physician Order Sheet for Specific Behavior