

COUNTY HOSPITAL

Physician Order Sheet

Patient Restraint Orders

Date/Time	PHYSICIAN'S ORDERS		
	<p>A. Reason for Restraint(s) (circle number of all that apply) <u>Items with * require a face to face visit by an Independent Licensed Practitioner (MD) within 1 hour of initiation of orders and a new order must be obtained every 4 hours.</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. Exiting bed/chair without call for assistance 2. Unable to consistently follow directions 3. Thrashing extremities 4. Pulling at lines and/or tubes </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. * Agitated/impulsive behavior 6. *Aggressive/violent/destructive behavior 7. *Danger to self or others 8. Other: _____ </td> </tr> </table>	<ul style="list-style-type: none"> 1. Exiting bed/chair without call for assistance 2. Unable to consistently follow directions 3. Thrashing extremities 4. Pulling at lines and/or tubes 	<ul style="list-style-type: none"> 5. * Agitated/impulsive behavior 6. *Aggressive/violent/destructive behavior 7. *Danger to self or others 8. Other: _____
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	<p>B. Alternatives to Restraint(s) Considered/Attempted (circle number of all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. Verbal instructions 2. Frequent reorientation 3. Address comfort needs more frequently 4. Alter environment/diversionary activities </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. Eliminate unessential procedures/lines 6. Ask family/sitters to stay with patient 7. Move patient closer to Nurse's station 8. Other: _____ </td> </tr> </table>	<ul style="list-style-type: none"> 1. Verbal instructions 2. Frequent reorientation 3. Address comfort needs more frequently 4. Alter environment/diversionary activities 	<ul style="list-style-type: none"> 5. Eliminate unessential procedures/lines 6. Ask family/sitters to stay with patient 7. Move patient closer to Nurse's station 8. Other: _____
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	<p>C. Length of Restraint Usage - Reasons 1 - 4 as listed above</p> <p>() 2 hours; () 4 hours; () 6 hours; () 8 hours; () 12 hours; () 24 hours; () During hours of sleep () When up in chair</p>		
	<p>D. Length of Restraint Usage - Reasons 5 - 8 as listed above</p> <p>() 4 hours for adult patient; () 2 hours for patient ages nine to seventeen () 1 hour for patient ages under nine years</p>		
	<p>E. Type of Restraint(s) (circle number of all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1. Belt 2. Vest 3. Soft arm restraints 4. Soft leg restraints </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 5. Siderails X 4 6. Leather 7. Chemical </td> </tr> </table>	<ul style="list-style-type: none"> 1. Belt 2. Vest 3. Soft arm restraints 4. Soft leg restraints 	<ul style="list-style-type: none"> 5. Siderails X 4 6. Leather 7. Chemical
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Physician Signature

Date/Time

ORIGINAL TO CHART • YELLOW - QI