Medical Therapeutic Restraint Flow Sheet

I. **Physician Order**
Physician Name __________________________ Date ___________ Time ___________

a) Orders ________________________________
   (Orders must be renewed every 12 hours)

b) **Initial Order**
   a. Start - date/time _________________________
   b. Expires - date/time ________________________

c) **Renewal Order**
   a. Start - date/time _________________________
   b. Expires - date/time ________________________

II. **Alternatives/interventions attempted prior to initiation of restraints (check all that apply)**
- [ ] Re-orient patient to time/ date/ and/or situation
- [ ] Move patient closer to the nurses’ station
- [ ] Conceal lines/ tubes/ devices
- [ ] Minimize stimulation
- [ ] Reevaluate need for lines and/ or tubes
- [ ] Appropriate diversional activities
- [ ] Repositioning
- [ ] Pain and/ or sedation intervention
- [ ] Other ________________________________

III. **Clinical Justification (Reason for Restraint Application):**
- [ ] Pulling lines
- [ ] Pulling tubes
- [ ] Removal of equipment
- [ ] Removal of dressing
- [ ] Inability to respond to direct requests or follow instructions
- [ ] Other ________________________________

IV. **Type of Restraints:**

<table>
<thead>
<tr>
<th>Soft (S)</th>
<th>Bilateral wrists</th>
<th>Bilateral legs</th>
<th>Mittens (secured to bed or chair)</th>
<th>Side rail</th>
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V. **Patient Education:**

a) Patient informed regarding reason and alternatives for restraints. [ ] Yes  [ ] No

b) Patient received periodic explanations regarding the behavior required to discontinue the restraint until understanding evidenced. [ ] Yes  [ ] No

**Nurse signature:** __________________________ Date: ___________ Time: ___________
VII. Patient Monitoring and Care

Observation checks Q 15 minutes for the first hour and then hourly thereafter.

- 15 minutes: Time_______ Behavior (**See Key)___________ Initials__________
- 30 minutes: Time_______ Behavior (**See Key)___________ Initials__________
- 45 minutes: Time_______ Behavior (**See Key)___________ Initials__________
- 60 minutes: Time_______ Behavior (**See Key)___________ Initials__________

Personal Care/Observation: Place ✔ on assessments performed

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<tr>
<td>Observation check (**See Key) Q1h</td>
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<td>Circulation/skin check Q2hr</td>
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<td>Food/fluids Q2hr</td>
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<td>Elimination (or F for Foley in place) Q2hr</td>
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<td>Range of Motion Q2h</td>
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<td>Change in type or number of Restraint (**See Key) Q1hr</td>
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Staff initials

Key: *Restraints
- NC = no change
- ↑1 = increase to 3pt
- ↑3 = increase to 3pt
- ↑4 = increase to 4pt
- ↓1 = decrease to 1pt
- ↓2 = decrease to 2pt
- ↓3 = decrease to 2pt

**Observed Behavior (May use more than one)
- CF = confused
- AG = agitated
- VA = verbally abusive
- TF = tearful
- JC = hallucination
- DL = delusional
- A = patient asleep
- SD = sedated
- SB = subdued
- CA = calm
- CO = cooperative
- O = other

VIII. Restraint discontinued: Date: ___________ Time: ___________ □ n/a (ongoing)

Discontinue restraint at the earliest possible time that it is safe to do so, regardless of the scheduled expiration time of the orders.
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<th>Staff Initials</th>
<th>Staff Signatures</th>
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