

## Behavioral Restraint / Seclusion Physician Order Form

Date	Time	Orders for Behavioral / Violent Restraint or Seclusion
------	------	--

Orders that are checked will be implemented. Additions, Deletions, or Modifications of orders must be individually initialed.

		<b>Clinical Reason for Restraint <input type="checkbox"/> or Seclusion <input type="checkbox"/></b> : <input type="checkbox"/> Prevent injury to self <input type="checkbox"/> Prevent injury to others <input type="checkbox"/> Combative / threatening <input type="checkbox"/> Specific behavior: _____										
		<b>Time Limit Duration for Order:</b> <input type="checkbox"/> Age 18 and older: 4 hours This time limited restraint or seclusion must be renewed by the physician for each event. Seclusion shall not be ordered or continued for more than twelve (12) consecutive hours.										
		<b>Least Restrictive Alternatives Attempted:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><input type="checkbox"/> Provide companionship and supervision (1:1)</td> <td style="width: 40%; border: none;"><input type="checkbox"/> Scheduled comfort checks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Changing or eliminating bothersome treatments</td> <td style="border: none;"><input type="checkbox"/> Verbal Reminders / deescalation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Frequent reorientation to surroundings</td> <td style="border: none;"><input type="checkbox"/> Medications offered / tried</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Offering diversionary and physical activities</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Reality orientation and psychosocial interventions</td> <td style="border: none;">_____</td> </tr> </table>	<input type="checkbox"/> Provide companionship and supervision (1:1)	<input type="checkbox"/> Scheduled comfort checks	<input type="checkbox"/> Changing or eliminating bothersome treatments	<input type="checkbox"/> Verbal Reminders / deescalation	<input type="checkbox"/> Frequent reorientation to surroundings	<input type="checkbox"/> Medications offered / tried	<input type="checkbox"/> Offering diversionary and physical activities	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Reality orientation and psychosocial interventions	_____
<input type="checkbox"/> Provide companionship and supervision (1:1)	<input type="checkbox"/> Scheduled comfort checks											
<input type="checkbox"/> Changing or eliminating bothersome treatments	<input type="checkbox"/> Verbal Reminders / deescalation											
<input type="checkbox"/> Frequent reorientation to surroundings	<input type="checkbox"/> Medications offered / tried											
<input type="checkbox"/> Offering diversionary and physical activities	<input type="checkbox"/> Other: _____											
<input type="checkbox"/> Reality orientation and psychosocial interventions	_____											
		<b>Restraint Type:</b> <input type="checkbox"/> Mechanical Restraint: Soft Limb <input type="checkbox"/> Right Wrist <input type="checkbox"/> Right Ankle <input type="checkbox"/> Left Wrist <input type="checkbox"/> Left Ankle <input type="checkbox"/> Chemical Restraint <input type="checkbox"/> Seclusion										
		<input type="checkbox"/> Plan of Care for restrained / secluded patient <input checked="" type="checkbox"/> Physician or other LIP consulted <input checked="" type="checkbox"/> Vital signs on initiation and as indicated <input checked="" type="checkbox"/> Face to Face evaluation by trained RN within 1 hour of initiation <input checked="" type="checkbox"/> Continuous 1:1 observation every 15 minutes with documentation <input checked="" type="checkbox"/> Restraints released every 2 hours <input checked="" type="checkbox"/> Re-assessment per policy <input checked="" type="checkbox"/> Educate patient on rationale and release criteria <input checked="" type="checkbox"/> Complete debriefing after discontinuation										
		<b>Restraint / Seclusion to be discontinued if:</b> <input type="checkbox"/> Verbally contracts for safety to self and others <input type="checkbox"/> Responding to redirection <input type="checkbox"/> No longer demonstrates risk for danger to self or others <input type="checkbox"/> Responding to alternatives										

Date/Time of Verbal Order: \_\_\_\_\_ Name of LIP / RN Signature: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_