

Restraint Observation Flow Sheet

Date: _____ **Time:** _____

A. Clinical Justification For Use of Device (Check All That Apply):
 Prevent Injury To Self Prevent Injury To Others Combative/Threatening Fall Prevention Assessed Need (Adaptive Support/Medical Protective Device)
 Other (Specify): _____

B. Less Restrictive Alternatives Used Before Restraining (Check All That Apply):
 Reduced Environmental Stimuli Provided Diversional Activity
 Diverted Patient To His/Her Room Encouraged Patient To Express Concerns
 Cleared Area Of Unnecessary Objects Pulled Up A Chair And Sat Quietly With Patient
 Other (Specify): _____

C. Reason For Use Of Restraint Given To:
 Patient Family Member Other (Specify): _____

D. Type Of restraint (Check all that apply):

<input type="checkbox"/> Physical Hold (Crisis Prevention Intervention Approved) <input type="checkbox"/> Soft Chest Posey <input type="checkbox"/> Geri-chair with Tray <input type="checkbox"/> Lap Buddy <input type="checkbox"/> Bed Roll	<input type="checkbox"/> Soft Limb <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg	<input type="checkbox"/> Cloth Mitts <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand	<input type="checkbox"/> Leather * <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg <i>*All patients in leather restraints are maintained on q 15 minute observation</i>
---	---	--	---

E. Episode Description
 Initial Episode Reassessment

F. Observation

Time	ROM q 2 HRS	CSM q 2 HRS			Restraint Relief q 2 HRS While Awake	BR q 2 HRS	Fluids q 2 HRS	Food	Hygiene AM/PM	Comments	Initials
		C	S	M							

Initials	Signature	Initials	Signature	Initials	Signature

General Key		CSM Key					
✓	Done	Color		Sensation		Movement	
-	Offered and Refused	1	Pink	1	Good Sensation	1	Able to move affected limb
N/A	Not Applicable	2	Pale	2	Diminished/Numb/or Tingling	2	Unable to move affected limb
+	Offered and Accepted	3	Cyanotic				

