

Restraint Data Collection Worksheet

Patient Name		Patient Number:	
Unit:	<input type="checkbox"/> Med/Surg <input type="checkbox"/> Behavioral Health		
Type of Restraint:	<input type="checkbox"/> Physical Hold <input type="checkbox"/> Soft Chest Posey <input type="checkbox"/> Geri-chair with Tray <input type="checkbox"/> Lap Buddy <input type="checkbox"/> Soft Limb <input type="checkbox"/> Cloth Mitts <input type="checkbox"/> Leather		
Ordering Physician:			
Patient Diagnosis:			
Nurse Initiating Order:			
Is there a new flow sheet used for each episode? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Performance Measure	Documentation Present		Comments
	Yes	No	
Episode #1 Date:	Shift Episode Initiated: <input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11 <input type="checkbox"/> 11-7		
ORDERS			
1	Is there a signed order present for this episode? [24 hour period for Med/Surg, or 4 hour for behavioral health units)		
2	Is the order time limited? (i.e., the blank is filled in with a time in hours, in the order statement: May utilize restraints for next _____ hours)		
3	Is the time limited order specific to the unit? <ul style="list-style-type: none"> • Med/Surg – not more than 24 hours • Behavioral Health Units – not more than 4 hours 		
FLOW SHEET			
4	What clinical justification was documented? <input type="checkbox"/> Prevent Injury to Self <input type="checkbox"/> Prevent Injury to Others <input type="checkbox"/> Combative/Threatening <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Assessed Need (Adaptive support/Medical Protective Device Other (Specify)		
5	Is there documentation indicating that less restrictive alternatives were used?		
6	Restraint Flow Sheet is Completed Appropriately If not, Indicate specifically what is noted to be inappropriate		Problems Identified: