

RESTRAINT / IMMOBILIZATION RECORD

Date: _____

Previous restraint event No Yes Event # _____

Day # _____ Reason: _____

Referred to Psychology Services Date: _____

Alternative Devices tried prior to implementation of restraint/protective device (documented on order sheet)

Voluntary Consent obtained

Involuntary Order obtained

REMEMBER TO DOCUMENT

Behavior which lead to RESTRAINT & ALL least restrictive measures tried

Clothing & jewelry removed and hosp gown applied

Restraint Type: _____

Restraint Location: _____

Initial all spaces as appropriate

*** While awake**

Time	Patient Care/ Observation / Behavior (every 15 min.)				Circulation & Skin Intact Q 2h	Respiratory Assessed Q 2h	Removal & Reposition Q 2h	* Food / Fluids offered Q 2h	* Toilet offered Q 2h	*ROM Q 2h	Continued need for restraint Q 2h yes / no	Care, interventions, behavior, early release etc.
	0	15	30	45								
0700												
0800												
0900												
1000												
1100												
1200												
1300												
1400												
1500												
1600												
1700												
1800												
1900												
2000												
2100												
2200												
2300												
2400												
0100												
0200												
0300												
0400												
0500												
0600												

Signature / Title Int

Signature / Title Int

Signature / Title Int

Signature / Title Int