

# 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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Re-orient patient to time/ date/ and/or situation | <input type="checkbox"/> Move patient closer to the nurses' station |
| <input type="checkbox"/> Conceal lines/ tubes/ devices                     | <input type="checkbox"/> Minimize stimulation                       |
| <input type="checkbox"/> Reevaluate need for lines and/ or tubes           | <input type="checkbox"/> Appropriate diversional activities         |
| <input type="checkbox"/> Repositioning                                     | <input type="checkbox"/> Pain and/ or sedation intervention         |
| <input type="checkbox"/> 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:**

Soft (S)			
<input type="checkbox"/> Bilateral wrists <input type="checkbox"/> Right wrist <input type="checkbox"/> Left wrist	<input type="checkbox"/> Bilateral legs <input type="checkbox"/> Right leg <input type="checkbox"/> Left leg	<input type="checkbox"/> Mittens (secured to bed or chair) _ <input type="checkbox"/> Waist belt <input type="checkbox"/> Lap belt	<input type="checkbox"/> Side rail <input type="checkbox"/> Geri chair

**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:** \_\_\_\_\_

# Medical Therapeutic Restraint Flow Sheet

## Medical Therapeutic Restraint Flow Sheet (continued)

### **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\_\_\_\_\_

<b>Personal Care/Observation: Place ✓ on assessments performed</b>																										
<b>Time</b>		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	
Observation check (**See Key) Q1h																										
Circulation/ skin check Q2hr																										
Food/ fluids Q2hr																										
Elimination (or F for Foley in place) Q2hr																										
Range of Motion Q2h																										
Change in type or number of Restraint (*See Key) Q1hr																										
Staff initials																										
<b>Key: *Restrains</b> NC = no change    ↓1=decrease to 1pt ↑3=increase to 3pt    ↓2=decrease to 2pt ↑4=increase to 4pt    ↓3=decrease to 2pt													<b>**Observed Behavior (May use more than one)</b> 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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Staff Initials	Staff Signatures	Date	Time