BEHAVIORAL HEALTH RESTRAINT/SECLUSION ORDERS

Instructions: Each highlighted item must be addressed fully prior to signature

Restraint Method: Restraint Seclusion (For Use in Psychiatric Units Only)

Reason for Restraint/Seclusion:

Patient exhibiting aggressive or destruction behavior that poses imminent danger to self or others as evidence by: *(Circle Appropriate Reasons) - List reasons not stated under Other.*

Both boxes need to be checked.

☐ Acts of violence directed at others / posturing in combative position / striking at staff / biting staff / throwing objects / physically harming self / spitting at others

Other: _____

and

☐ De-escalation attempts were unsuccessful with patient

Duration of Restraint Order (Maximum of 2 hours)

1 hr 2 hrs

Part of Body Restricted by Restraint:

Arm: Right Left Bilateral
Leg: Right Left Bilateral

Restraint Type: Soft Security straps/cuffs

Other: _____

Constant Observation is Mandatory.

There are no known contraindications to the use / application of restraint on this patient such as: physical limitations, disabilities, or pregnancy.

I have seen and assessed the patient and agree that the use of restraint is necessary.

Physician Signature _____ Pager # _____

Print Name: _____

Date: _____ Time: _____

ST. VINCENT CHARITY
MEDICAL CENTER
2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL