McLAREN FLINT
FLINT, MICHIGAN
RESTRAINT/SECLUSION RECORD

Age _____ Sex _____

Type of Restraint/Seclusion _____ Time In _____ Time Out _____

Temporary By _____ Date _____ Time _____

Authorized By _____ Date _____ Time _____

Justification _____

_____

(Document all other measures taken prior to seclusion)

Seclusion/Restraint Log entry made ☐

Bath (type) Q 24 hrs. ☐

Ate (circle)

W F P	W F P	W F P

Key: W=Well F=Fair P=Poor

Activity Offered Q 2°	=	✓
Fluids Offered Q 1°	=	✓
Circulation Checked Q 15"	=	✓
Bathroom offered q 1°	=	✓
Voided	=	VD
Defecated	=	BM

DATE/TIME	NOTATIONS	ACTIVITY	FLUIDS OFFER	CIRC ✓	BR OFFER	CHECKED BY

Initials **Signature**

_____ _____

_____ _____

_____ _____

_____ _____

RESTRAINT/SECLUSION RECORD
M-17009 Rev. (5/16)

690

PT.

MR.#/RM.

DR.

McLAREN FLINT
FLINT, MICHIGAN
RESTRAINT/SECLUSION RECORD

Age _____ Sex _____

Type of Restraint/Seclusion _____ Time In _____ Time Out _____

Temporary By _____ Date _____ Time _____

Authorized By _____ Date _____ Time _____

Justification _____

_____

(Document all other measures taken prior to seclusion)

Seclusion/Restraint Log entry made ☐

Bath (type) Q 24 hrs. ☐

Ate (circle) W F P | W F P | W F P

Key: W=Well F=Fair P=Poor

Activity Offered Q 2°	=	✓
Fluids Offered Q 1°	=	✓
Circulation Checked Q 15"	=	✓
Bathroom offered q 1°	=	✓
Voided	=	VD
Defecated	=	BM

DATE/TIME	NOTATIONS	ACTIVITY	FLUIDS OFFER	CIRC ✓	BR OFFER	CHECKED BY

Initials	Signature
_____	_____
_____	_____
_____	_____
_____	_____

PT.

MR.#/RM.

DR.

RESTRAINT/SECLUSION RECORD
M-17009 Rev. (5/16)