McLAREN FLINT
FLINT, MICHIGAN

Behavioral Health
SECLUSION/RESTRAINT PHYSICIAN ORDER FORM
(Initial)

Instructions: This form must be filled out completely.

- ❑ **YES** **There is imminent risk that the patient will harm himself/herself, staff**
- ❑ **NO** **or others if physical intervention is not implemented.**

DESCRIBE PATIENT'S BEHAVIOR (S):_____
_____
_____

Interventions that have been attempted:
Re-direction _____ **Medication** _____**Time out** _____ **One to One** _____ **Other:**_____

- ❑ **YES** **INFORMED OF RISK FACTORS-PROCEED WITH INTERVENTION**
- ❑ **NO**

- ❑ **SECLUSION X** _____ **HOURS**

- ❑ **RESTRAINT: 2 PT.**___ **4 PT.**____**X** _____**HOURS**

PATIENT PLACED IN SECLUSION/RESTRAINT: DATE_____ **TIME:**_____**AM**___**PM**____

BEHAVIORAL CRITERIA FOR DISCONTINUING RESTRAINT/SECLUSION:_____

_____

MEDICATION ORDERD: _____

_____

_____

Psychiatrist Signature: _____

RN Signature: _____

Date: _____ **Time:** _____

PT.

MR.#/RM.

DR.