



# FLINT

## SECLUSION/RESTRAINT FLOWSHEET BEHAVIORAL HEALTH

**Seclusion/Restraint Initiated:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Initial Order Justification**     Danger Toward Self                       Danger Toward Others

**Violent, Self-Destructive Type:**    Seclusion             Restraint             Physical Hold Medication

**Administration Use:**    Soft Restraints     4 points     Left Wrist     Right Wrist     Left Ankle     Right Ankle  
 Hard Restraints     2 points

Nutrition/Hydration/Skin/Activity Key		Behavior/Response Key		Behavior/Response Discontinuation Key	
1	Activity Allowed/Exercise	1	Verbalized Threats to Harm Self/Others	1	Readiness to Discontinue Seclusion/Restraints
2	Bathroom Privileges Offered/Given	2	Agitated/Combative	2	Cooperative/Relaxed
3	Fluids Offered (every 1 hour)	3	Intrusive	3	Tolerated Interaction
4	Meals/Snacks (every 4 hours) Include %	4	Disoriented/Confused	4	Directable
5	Restraint Removed/Loosened (15 mins every 2 hours)	5	Withdrawn/Glaring	5	Sleeping (No longer meeting justification to continue)
6	Skin Condition Check Intact/Warm/Dry (every 15 mins)	6	Unable to Follow Direction		

Date/Time	Activity	Food 4 hours	Bathroom Offered 1 Hour	Skin Checked 15 mins	Circulation Limbs/ROM 15 mins	Restraint Removed 2 Hours RA,RL,LA,LL	Behavioral Response 15 mins	Behavior/Response Discontinuation 15 mins	Employee Initials
									RN
									RN
									RN

Employee Initial	Employee Signature/Date/Time	Employee Initial	Employee Signature/Date/Time	Employee Initial	Employee Signature/Date/Time

White Copy: Chart  
Yellow Copy: Office



PT.

MR. #/P

DR.