



# FLINT

## SECLUSION/RESTRAINT BEHAVIORAL HEALTH

### Seclusion/Restraint

Seclusion/Restraint Initiated: Date \_\_\_\_\_ Time: \_\_\_\_\_ Length of Order:  4 hours maximum

Order obtained: Date: \_\_\_\_\_ Time: \_\_\_\_\_  1 minute hold medication

Physician contacted: \_\_\_\_\_

**Initial Order Justification:**  Danger toward self  Danger toward others

**Violent, Self-destructive Type:**  Seclusion  Restraint

Soft Restraints  4 Points  Left Wrist  Right Wrist  Left Ankle  Right Ankle

Hand Restraints  2 points  Left Wrist  Right Wrist  Left Ankle  Right Ankle

CPI Technique Physical Hold Medication Administration Use Only

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

**Failed Alternatives:**  Diversional Therapy  Moved closer to nursing desk

Verbal prompts/direction  Decrease stimulation  Therapeutic interaction  De-escalation techniques

Reality orientation  Redirection

### Nurse Signature

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Manager/Supervisor Notification: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Physician Evaluation Face to Face: Must be completed within 1 hour or discontinue episode

Face to Face Completed: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physical Examination:

Respiratory  Normal  Abnormal Explanation: \_\_\_\_\_

Cardiac  Normal  Abnormal Explanation: \_\_\_\_\_

Skin  Normal  Abnormal Explanation: \_\_\_\_\_

**Justification to Continue:**  Discontinue  Continue

Explanation: \_\_\_\_\_

Criteria to discontinue episode: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If patient requires longer time in Restraint/Seclusion, the entire order process and documentation must be Repeated. (Do not wait the 4 hour maximum time limit before obtaining a new order if necessary).

White Copy: Chart  
Yellow Copy: Billing

**SECLUSION/RESTRAINT**

M-17393 (6.19)



640B

PT.

MR.#/P

DR.