

Alternatives To Restraints/Restraints Flowsheet

Teaching: Need for Restraints; Alternatives; Criteria for Release Provided To:

___ Patient ___ Family ___ Significant other ___ See Multidisciplinary Patient/Family Education Trending Record

Response to Teaching:

___ Understands need for Restraints ___ Unable to teach at this time

___ Family/Significant Other not available

I. BEHAVIOR EXHIBITED

- 1-Agitated
- 2-Assaultive
- 3-Climbing out of bed
- 4-Combative
- 5-Harm to others
- 6-Harm to self
- 7-Lack of Decision Making Ability
- 8-Low Level of Consciousness
- 9-Pulls at Tubes/IV Lines/Dressings
- 10-Unable to follow directions
- 11-Wandering
- 12-Other: _____
- 13-Per Protocol _____

II. RESTRAINT/IMMOBILIZER TYPE

- 1-Wrist x1
- 2-Wrist x2
- 3-Ankle x1
- 4-Ankle x2
- 5-Vest
- 6-Body Net
- 7-Chemical Agent: _____
- 8-Other: _____

III. ALTERNATIVES ATTEMPTED

Provide Companionship/Supervision

- 1-Family in Room
- 2-Sitters
- 3-Provide 1:1 attention

Modify Environment

- 4-Add padding/wedge pillows
- 5-Bed Alarm
- 6-Decrease/Remove Stimulus
- 7-Hide tubes under binder
- 8-Geri-chair
- 9-Call light accessible
- 10-Move close to RN Station
- 11- Provide consistent Caregiver Assignment
- 12-Reposition/Stockinet tubes
- 13-Task Segmentation
- 14-Wear Non-skid Socks

Reality Orientation

- 15-Frequent Cueing/ Reminding
- 16-Involve patient in conversation
- 17-Redirect Behavior
- 18-Use Relaxation

Diversional Activities

- 19-Provide Exercise
- 20-Use Activity Apron
- 21-Use TV or Music

Other

- 22-Assess underlying Med Problems
- 23-Consult with other Disciplines as needed
- 24-Med/Review/Modification
- 25-Pain Relief
- 26-Comfort Measures
- 27-Per Protocol _____

IV. WHY ALTERNATIVES FAILED

- 1-Unable to follow directions
- 2-Behavior unchanged
- 3-Lack of decision making ability
- 4-Low level of consciousness
- 5-Unable to assess orientation

V. ASSESSMENT OF PERSONAL NEEDS

- A-ALL LISTED
- Call Light available
- Food/Liquid Offered
- Pain Assessment
- Repositioned
- Emotional Needs
- Skin Integrity
- Respiratory Status assessed
- ROM performed
- Skin circulation assessed
- Toileting offered

VI. CONTINUED NEED FOR RESTRAINTS

- 1-Yes
- 2-No Longer Exhibits behavior requiring Restraints
- 3-Temporary Release: Family in room *SEE Nurse's Notes
- 4-Temporary Release: Nurse in room *SEE Nurse's Notes
- 5-Other: _____

Date	Time	I. Behavior Exhibited	II. Restraint/ Immobilizer Type	III. Alternatives Attempted	IV. Why Alternatives Failed	V. Assessment of Personal Needs	VI. Continued Need for Restraints	Initials
	0800							
	1000							
	1200							
	1400							
	1600							
	1800							
	2000							
	2200							
	0000							
	0200							
	0400							
	0600							

IN	Signature	IN	Signature	IN	Signature

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