24 Hour Restraint/Seclusion Flowsheet

INITIAL ASSESSMENT AND FAMILY EDUCATION TO BE COMPLETED BY RN

Attempt(s) at Alternative intervention(s) *(check all that apply)*

Medication review	Bowel/bladder assessment/toileting	Ambulate/reposition	Food/ Fluids
Pain assessment	Frequent reorientation/ reminders	Family/S.O. at bedside	Help pt express feelings
Diversional activities	Near nursing station/? environment	Bed/ Leg alarm	Other:

Alternative Interventions unsuccessful or inappropriate ***Focus note required on back of form***

Medical Criteria for restraint	**Behavioral Criteria**
Patients with Invasive Catheters, Lines, Tubes	Significant risk of self-injury
Requires immobilization to aid therapy/healing	Significant risk of injury to others
Mechanical Ventilation	Significant risk of injury to environment
Fall Precaution (significant risk of severe injury if fall occurred)	

Restraint use Education: explained to patient/family/S.O. family/S.O. unavailable restraint education sheet given

Pt. / Family (circle one) **Response to Education:** verbalizes understanding refuses information needs reinforcement

For Leather Restraints and Seclusion only: ♦ *if leather restraints or seclusion are used, documentation on flow sheet is required q 15 min.*

Searched by: Dangerous objects removed by: Valuables removed by:

RN:_____ **Date:**_____

DATE :

Time♦ q 2 hrs	Type	Level	Food Fluids	Elimination	Position Change	Initials	* LOC	* Response	* CMS	Pain/ Comfort	* Restraint* Criteria Met	Reason for continued* restraint use if applicable	RN's Initials

***Shaded Areas RN assessment only** ** New form to be initiated at 0000 hrs q calendar day.*

Type of Restraint	*Level*	*LOC*	*Response*	*Food & Fluids*	*Positioning*
CW=cloth wrist L= Leathers CV=cloth vest S= Seclusion CA=cloth ankle SR= Siderails HM=hand mitt C= Chemical R = recliner O= other_____ OFF=restraint off	2=2 point 4=4 point 3=3 point 5=5 point ***Restraint Criteria Met Assessed by RN*** v=patient continues to meet criteria	O=oriented C=confused E =easy to arouse D=difficult to arouse	A =agitated C =calm I =irritable CO=combative R =restless S =sleeping	OR=offered, refused T =taken ***Elimination*** OR=offered, refused V =voided BM=bowel movement INC=incontinent	R = repositioned ROM=ROM to affected extremity ***Pain/Comfort*** Level 0-10 ***CMS*** v = intact

Init	Signature/Title	Init	Signature/Title

OVERLAKE Hospital Medical Center
Healing: excellence every day*

24 Hr. RESTRAINT/SECLUSION FLOWSHEET

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When the Restraint and Seclusion flowsheet is implemented an initial Focus note is **required.**
Information in this note should include:

1. **What alternative interventions were tried?**
2. **Why they were unsuccessful or inappropriate?**
3. **A description of the behavior or medical necessity that led to the use (or continued use) of the restraint or seclusion.**

**Additional focus notes, with the above information, is required q 8 hrs.*

Date	Time	Focus Notes	Initials

DEBRIEFING (for behavioral use only)

Date of behavioral episode: _____ Date of Debriefing: _____
Time of behavioral episode: _____ Time of Debriefing: _____

Who attended the debriefing:

1. Identify what led to the incident:

2. Identify what could have been handled differently:

3. Were the patient's physical well-being, psychological comfort, and right to privacy addressed? Yes No
Comments:

4. Was counsel provided to the patient involved for any trauma that may have occurred from the incident? Yes No
Comments:

5. Was the patient's treatment plan modified? Yes No
Comments:

Signature:

[3159]b

Source: Overlook Hospital Medical Center, Bellevue, WA.