ORDER FOR RESTRAINT USE

1. Restrain patient not to exceed (circle one) 24H 4H 2H 1H ON ____________ Date
For Medical Surgical must be reordered each calendar day.

If used for Behavior Management in any patient care area, must be reordered every 4 hours for adult, every 2 hours for pediatrics 9-17, and every one hour for pediatrics under 9.

2. Patient Behavior/Indication for Use:
   - [ ] Unable to follow directions
   - [ ] Pulling at tubes, drains, dressing
   - [ ] Other ____________________________
   - [ ] Aggressive, violent behavior presenting an immediate, serious danger to self or others.
     (Requires Patient Companion/Constant Observation)

3. Type of Restraint
   - [ ] Full Side Rails
   - [ ] Soft Waist Restraint
   - [ ] Geri Chair/Tray Table
   - [ ] Vest Restraint
   - [ ] Soft Limb Restraint
   - [ ] Leather Restraint
   - [ ] Seclusion
   - [ ] Other ____________________________

   Location
   - Single Limb
   - 2 Point
   - 3 Point
   - 4 Point
   - [ ]
   - [ ]
   - [ ]

VERBAL ORDER
To Be Co-signed Within 24 Hours

M.D. ____________________________

Date/Time: ____________________________

Physician Ordering: ____________________________

[ ] ORDER READ BACK  [ ] REPEAT BACK
(Emergencies Only)

OR

PROFESSIONAL RECEIVING ORDER: ____________________________

SIGNED ____________________________

PHYSICIAN _______________ DATE _______________ TIME _______________