

### Initial Restraint or Seclusion Prescription

Restraint or seclusion is prescribed for no more than \_\_\_\_\_ hours.

Type of prescription:

- Restraint
- Seclusion

Restraint type:

- Four point
- Five point
- Ambulatory
- Physical hold
- Four point with bicep cuff
- Five point with bicep cuff
- Transport board

Location:

|               |       |        |
|---------------|-------|--------|
| Program/ward: | Room: | Other: |
|---------------|-------|--------|

Where restrained:  Bed Reason for use:  Prevention of self harm  Prevention of harm to others

Restraint/seclusion beginning:

Ending:

|                         |                         |
|-------------------------|-------------------------|
| Date: _____ Time: _____ | Date: _____ Time: _____ |
|-------------------------|-------------------------|

Person assessing the need for emergency R/S:

|                         |     |                                |
|-------------------------|-----|--------------------------------|
| From: (Doctor/PAC/ARNP) | To: | Read back (if a verbal order): |
|-------------------------|-----|--------------------------------|

Specific reason for prescription:

Interventions attempted to de-escalate the emergency and results (include time and staff names):

Specific instructions based on the patient's medical or psychiatric condition, history of abuse or R&S history:

Specific measurable release criteria:

|                      |       |       |
|----------------------|-------|-------|
| RN/doctor signature: | Date: | Time: |
|----------------------|-------|-------|

Physician/physician assistant face-to-face assessment:

|            |       |       |
|------------|-------|-------|
| Signature: | Date: | Time: |
|------------|-------|-------|

### Continuation Restraint or Seclusion Prescription

|                                 |  |
|---------------------------------|--|
| Continuation order for patient: | Patient ID:                                    |
| Continuation #:                 | Date: <span style="float: right;">Time:</span> |

Restraint or seclusion is prescribed for no more than \_\_\_\_\_ additional hours.

|                         |     |                                |
|-------------------------|-----|--------------------------------|
| From: (Doctor/PAC/ARNP) | To: | Read back (if a verbal order): |
|-------------------------|-----|--------------------------------|

Specific reason for continuation:

|               |  |                          |
|---------------|--|--------------------------|
| RN signature: | Date: <span style="float: right;">Time:</span> | Medical staff signature: |
|---------------|--|--------------------------|

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|                 |  |
|-----------------|--|
| Continuation #: | Date: <span style="float: right;">Time:</span> |
|-----------------|--|

Restraint or seclusion is prescribed for no more than \_\_\_\_\_ additional hours.

|                         |     |                                |
|-------------------------|-----|--------------------------------|
| From: (Doctor/PAC/ARNP) | To: | Read back (if a verbal order): |
|-------------------------|-----|--------------------------------|

Specific reason for continuation:

|               |  |                          |
|---------------|--|--------------------------|
| RN signature: | Date: <span style="float: right;">Time:</span> | Medical staff signature: |
|---------------|--|--------------------------|

Physician/physician assistant face-to-face assessment:

|            |  |
|------------|--|
| Signature: | Date: <span style="float: right;">Time:</span> |
|------------|--|