

Restraint/Seclusion Monitoring Checklist and Narrative

Check event that applies: Restraint Seclusion

Patient Name: _____ Patient ID#: _____

Order Date: _____ Time: _____

Primary staff involved in the intervention:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescription Release Criteria:

Time:	Documentation - every 15 min.	Circulation check - 15 min.	Skin care/condition - 15 min.	Patient behaviors - Use patient quotes - 15 min.	Ventilation/Comfort - 30 min.	Position change - 30 min.	Precaution status - 30 min.	Restraint rotation - 2 hrs.	Range of motion - 2 hrs.	Fluids offered - 2 hrs.	Bathroom offered - 2 hrs.	Meals / nourishment	Routine / PRN medication	Vital signs - daily - every shift	Oral Hygiene - Daily	Bathe - Daily	RN assessment

