



Mercy Hospital
of Pittsburgh

Department of Emergency Medicine Restraint Orders

(for use in DEM only)

Circles: one and only one. Squares: one, many, or none.
Draw a line through, initial and date all changes.
Write "brand necessary" if generically equivalent medication is not acceptable.

Reason for Restraint

Medical/Post-Surgical, Reorder Q 4 Hours:

Emergent Behavioral Management (including homicidal or suicidal ideation):

unable to follow directions

pulling at tubes

other

Age 18+ years: re-evaluate and reorder Q 4 Hours

Age 9-17 years: re-evaluate and reorder Q 2 Hours

Age < 9 years: re-evaluate and reorder Q 1 Hour

Restraint Starts

Time:

Date:

Restraint Expires

as per above- 4 hrs, 2 hrs, or 1 hr

Time:

Type of Restraints

Use least restrictive method

Soft waist restraint

Vest restraint

Soft limb restraints

Leather limb restraints

Seclusion

Other

1 limb

2 limbs

3 limbs

4 limbs

Resident/PA/CRNP:

Attending emergency physician:

Date:

.....

Date:

.....

Time:

Time:

Print Last Name:

Print Last Name: