



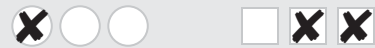
Department of Emergency Medicine

Restraint Orders

for use in DEM only

Draw a line through, initial and date all changes.
If generically equivalent medication is not acceptable, then write "brand necessary."

Circles: one and only one. Squares: one, many, or none.



Reason for Restraint

Delirium/dementia, (medical/post-surgical) ends in 4 hours

Or

Violent, suicidal or homicidal (emergency behavioral management)

unable to follow directions
pulling at tubes
other

18 years or older: ends in 4 hours
9-17 years old: ends in 2 hours
Younger than 9 years old: ends in 1 hour

Restraint Start and End Times

Restraint Starts
Time:

Date:

Restraint Ends

Based on reason given above, add 4 hours, 2 hours, or 1 hour to start time
Time order ends:

When order expires, reevaluate patient and, if needed, re-order restraints using new copy of this order sheet.

Type of Restraint

Use least restrictive method

Soft waist restraint

Vest restraint

Soft limb restraints

R arm L arm

Leather limb restraints

R leg L leg

Seclusion

Other

Resident/PA/CRNP:

Date:

Sign:

Time:

.....

Print Last Name:

Attending emergency physician (required):

Date:

Sign:

Time:

.....

Print Last Name: