

WESTERN MARYLAND HEALTH SYSTEM

Physician Orders

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

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DOCTORS ORDERS		CHECK OFF/ INITIALS
BEHAVIORAL HEALTH RESTRAINT AND SECLUSION ORDERS		
PRN ORDERS NOT PERMITTED		
ORDERING PHYSICIAN: _____		
INITIAL / RENEWAL (Circle)		
DATE patient placed in restraints: _____ TIME patient placed in restraints: _____		
INDICATION FOR USE: ____ Patient violent or aggressive towards staff; a danger to others ____ Patient violent and aggressive to self; a danger to self		
TYPE OF RESTRAINT OR SECLUSION: ____ Quick Release Waist Belt ____ Soft Limb Restraint Wrist: ____ Left ____ Right Ankle: ____ Left ____ Right ____ Locked Restraints Wrist: ____ Left ____ Right Ankle: ____ Left ____ Right ____ Seclusion		
DURATION OF RESTRAINT (Total length of this restraint episode including renewals not to exceed 24 hours): ____ 1 hour (age less than 9 years) ____ 2 hours (age 9 to 17 years) ____ 4 hours (adults greater than 17 years)		
MEDICAL CONDITION REQUIRING SPECIAL PRECAUTIONS: ____ No ____ Yes , Specify: _____		
VORV _____ DATE: _____ TIME: _____		
PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____		
Physician/Date/Time: _____	Nurse/Date/Time: _____	Secretary/Date/Time: _____
PHYSICIAN FACE-TO-FACE ASSESSMENT (Must be done within 1 hour and must be repeated every other renewal thereafter)		
<input type="checkbox"/> REFER TO PHYSICIAN'S PROGRESS NOTE		
DATE: _____ TIME: _____ PHYSICIAN ASSESSMENT: _____ _____ _____		
CONTINUE RESTRAINT USE: **Renewal of restraint requires a new Physician's Order** ____ YES – Patient remains violent and aggressive, a danger to self or others ____ NO		
Ways or alternative methods identified to help the patient regain control, change in treatment plan: <input type="checkbox"/> Medication review <input type="checkbox"/> Family involvement <input type="checkbox"/> Other _____		
PHYSICIAN SIGNATURE REQUIRED		
Physician Signature _____		

*** All areas MUST be completed for a valid restraint order.
Fax copy of order sheet to Nursing Service 4-1921.**

Original to Patient's Chart

Fax to Nursing Service



**BEHAVIORAL HEALTH FLOWSHEET/ RESTRAINT, SECLUSION OR 1:1
PHYSICIAN ORDER MUST be written every 4 hours for Restraints or Seclusion**

***Date and Time of Physician's Order:** _____

Restraint Seclusion 1:1

Visual Checks Made on Patient

1. CODE EXPLANATION

1. **Restraints and circulation checked every 15 minutes ***
2. **Vital signs every 2 hours ***
3. **Toileting/Fluids offered every 2 hours ***
4. Yelling or screaming
5. Crying
6. Talking to self
7. Talking with staff
8. Socializing with other patients
9. Mumbling incoherently
10. Standing
11. Walking
12. Lying
13. Sitting
14. Quiet
15. Sleeping
16. Meals served
17. Doctor with patient
18. Visitors
19. 2 point
20. 4 point
21. Roll Belt
22. Soft Belt
23. Geri chair
24. Pulling on restraints
25. **Reassessed every 2 hours ****
26. PRN medication offered

DATE:

DATE:

DATE:

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0745			1545			2345		
0800			1600			2400		
0815			1615			0015		
0830			1630			0030		
0845			1645			0045		
0900			1700			0100		
0915			1715			0115		
0930			1730			0130		
0945			1745			0145		
1000			1800			0200		
1015			1815			0215		
1030			1830			0230		
1045			1845			0245		
1100			1900			0300		
1115			1915			0315		
1130			1930			0330		
1145			1945			0345		
1200			2000			0400		
1215			2015			0415		
1230			2030			0430		
1245			2045			0445		
1300			2100			0500		
1315			2115			0515		
1330			2130			0530		
1345			2145			0545		
1400			2200			0600		
1415			2215			0615		
1430			2230			0630		
1445			2245			0645		
1500			2300			0700		
1515			2315			0715		
1530			2330			0730		

2. LOCATION OF PATIENT

- a. Seclusion
- b. Patient's Room
- c. Hall
- d. Shower/tub
- e. Off-unit test
- f. Off-unit with staff
- g. Bathroom
- h. Phone
- i. TV room
- j. Dining room
- k. Activity room

Initials/Signature

Initials/Signature

* Must be addressed

** Assessment every 2 hours for continuation/release



PRIOR TO RESTRAINTS / SECLUSION PROCEDURE

(Include patient's behavior, staff intervention, patient's response)

- One-to-one interaction _____
- Encourage to retreat to room _____
- Offer meds _____
- Turn radio, TV down/off _____
- Set limits on behavior _____
- Relaxation techniques _____
- Turn down lights _____
- Listen to soothing music _____
- Offer reassurance and support _____
- Present reality _____
- Speak in short, concrete phrases _____
- Thought blocking _____
- Combative _____
- Restraining device in use (i.e. geri chair, etc.) _____
- Code or extra help called _____
- Supervisor notified _____
- Threatening staff and/or other patients _____
- Agitated _____
- Yelling _____
- Hallucinating _____
- Unpredictable _____
- Restless _____
- Tense _____
- Doctor notified _____

Time																			
Blood Pressure																			
Temperature																			
Pulse																			
Respirations																			
Oxygen Saturation																			

***Vital signs must be obtained upon initiation of restraints and at least every 2 hours.**
Oxygen saturation is obtained upon initiation of restraints and based upon nursing assessment.
Vital signs must be recorded in computer documentation.

Initials	Signature	Initials	Signature



WESTERN MARYLAND HEALTH SYSTEM

To Our Patients and Families:

Sometimes patients may become confused or disoriented in the hospital. This may be due to their condition, illness, medication, procedures, change in environment, or a combination of any of these.

To help keep your family member safe, you may be asked to help with their care. You may be asked to have a family or a friend stay with them. This may keep the patient more oriented, less frightened, and more cooperative. An alternative to family and friends is a sitter. A list of sitters may be obtained from the charge nurse. Sitters are called and paid for by the family.

Sometimes efforts are unsuccessful to relax and calm patients who are at high risk for hurting themselves or others or interrupting their care. To reduce possible injury, as a last resort, it may be necessary to use wrist, arm or belt restraints. The need for restraints is assessed regularly and they will be removed when no longer necessary.

Please discuss any questions you may have about this with the Registered Nurse or Nursing Supervisor.

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