**Physician’s Order Form**
**Medical-Surgical Restraint Order**

<table>
<thead>
<tr>
<th>DATE: ____________________</th>
<th>TIME: ________________</th>
</tr>
</thead>
</table>

**Afected extremity (all that apply)**
- Wrist: ( ) Left ( ) Right
- Ankle: ( ) Left ( ) Right
- Hand: ( ) Left ( ) Right

<table>
<thead>
<tr>
<th>Chest</th>
<th>Other: ____________________________</th>
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</thead>
</table>

**Type of Restraint**
- ( ) Soft
- ( ) Belt
- ( ) Chemical
- ( ) Elbow
- ( ) Vest
- ( ) Mitten
- ( ) Mummy

**Duration of order**

Restraint order must be renewed at expiration.
- ( ) 24 hours
- ( ) Other: ____________________________

**Justification for restraint: Patient Behavior**
- ( ) Pulling on lines or tubes
- ( ) Picking at dressings or IV site
- ( ) Disoriented/Confused
- ( ) Forgetful, impulsive, limited safety awareness
- ( ) Persists in efforts that compromises care
- ( ) Fall potential
- ( ) Sedation
- ( ) Maintain body alignment

**Alternative Interventions attempted (all that apply)**
- ( ) Relocation closer to nursing station
- ( ) Patient reorientation
- ( ) Call button at reach
- ( ) Verbal instruction
- ( ) Diversional activities
- ( ) Pain Management
- ( ) Allow for verbalization of feelings

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GMHA #049018  Stock # 99049018
FORM REVISED: 03/2011
APPROVED DATE: NM 01/2011, PSC 02/2011, MEC 03/2011, HIMC 2/2011
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- ( ) Environment modification
- ( ) Family/caregiver at bedside
- ( ) Other: ________________________________

**Criteria for Release Intervention (✓ all that apply)**
- ( ) Patient is cooperative/coherent
- ( ) Patient is calm
- ( ) Patient is oriented
- ( ) Other(s): _____________________________

**Initiate Restraint Flowsheet per protocol.**
- ( ) Yes

**Educate patient and family on restraint policy**
- ( ) Yes

I have conducted a face-to-face evaluation of the patient and determined there is a need for continued restraints.

MD: ________________________________

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**DO NOT USE:**
- U    MS
- IU   MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero