

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Medical-Surgical Restraint Order</p> <p>DATE: _____ TIME: _____</p> <p><i>Affected extremity (☑ all that apply)</i></p> <p>Wrist: () Left () Right Ankle: () Left () Right Hand: () Left () Right</p> <p>() Chest () Other: _____</p> <p>Type of Restraint</p> <p>() Soft () Belt () Chemical () Elbow () Vest Indicate order at right () Mitten () Mummy</p> <p>() Other: _____</p> <p>Duration of order <i>Restraint order must be renewed at expiration.</i></p> <p>() 24 hours () Other: _____</p> <p>Justification for restraint: Patient Behavior</p> <p>() 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</p> <p>Alternative Interventions attempted (☑ all that apply)</p> <p>() Relocation closer to nursing station () Patient reorientation () Call button at reach () Verbal instruction () Diversional activities () Pain Management () Allow for verbalization of feelings</p> <p>Continued on next page. >>>>>></p>	IVF and MEDICATION ORDERS ONLY			<p>ALLERGY:</p>
	IVF and MEDICATION ORDERS ONLY			<p>Enter order for chemical restraint below. Remember to date, time, and sign the order.</p>
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			
	IVF and MEDICATION ORDERS ONLY			

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U MS
 IU MSO₄
 Q.D. MgSO₄
 Q.O.D. Trailing zero
 Lack of leading zero

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
	<p>Medical-Surgical Restraint Order—Page 2</p> <p>() Environment modification () Family/caregiver at bedside</p> <p>() Other: _____</p> <p>Criteria for Release Intervention (☑ all that apply)</p> <p>() Patient is cooperative/coherent () Patient is calm () Patient is oriented</p> <p>() Other(s): _____</p> <p>Initiate Restraint Flowsheet per protocol.</p> <p>() Yes</p> <p>Educate patient and family on restraint policy</p> <p>() Yes</p> <p>I have conducted a face-to-face evaluation of the patient and determined there is a need for continued restraints.</p> <p>MD: _____</p>	IVF and MEDICATION ORDERS ONLY		
	IVF and MEDICATION ORDERS ONLY			

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U MS
 IU MSO₄
 Q.D. MgSO₄
 Q.O.D. Trailing zero
 Lack of leading zero

Physician's Order Form
Medical-Surgical Restraint Order