### Behavior Management Restraint Orders

**DATE:** ____________________  **TIME:** ____________________

**Restrain the following extremities (check all that apply):**
- ( ) Left Wrist
- ( ) Left Ankle
- ( ) Chest
- ( ) Right Wrist
- ( ) Right Ankle
- ( ) Other: _______________________________

**Type of Restraint**
- ( ) Soft
- ( ) Belt
- ( ) Chemical
- ( ) Hard
- ( ) Vest
- ( ) Mitten
- ( ) Mummy
- ( ) Other: _______________________________

**Duration (Maximum time limit):**
- ( ) 4 hours: Adult 18 years and older
- ( ) 2 hours: Pediatrics 9 to 17 years old
- ( ) 1 hour: Pediatrics less than 9 years old

**Vital Signs (While on restraints):**
- Every:
  - ( ) 15 minutes
  - ( ) 30 minutes
  - ( ) 1 hour
  - ( ) 2 hours
  - ( ) 4 hours

**Reason for restraint:**
- Potential injury to: ( ) self and/or ( ) others
- ( ) Other(s): Specify _______________________________
  
  _______________________________
  
  _______________________________

As demonstrated by: _______________________________
  
  _______________________________
  
  _______________________________

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**Alternative Interventions attempted (✓ all that apply)**

- Establishment of non-threatening communication
- Involvement of family members in treatment and monitoring
- Decreasing Stimuli
- Creation of a safer environment
- Establishment of a one-to-one patient sitter
- Relocation closer to nursing station

- Other(s): ___________________________________

**Behavior criteria for discontinuation of restraints (✓ all that apply)**

- Patient is cooperative/coherent
- Patient is calm
- Patient is oriented
- Cessation of threats
- Other(s): ___________________________________

**Initiate Behavioral Restraint Order Flowsheet: Monitor patient’s needs every 15 minutes.**

**Educate patient and family on restraint policy.**

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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**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
- UMS
- Q.D.
- Q.O.D.
- MgSO₄
- Trailing zero
- Lack of leading zero