

| PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS) | | DATE | TIME | INTRAVENOUS FLUID and MEDICATION ORDERS | |
|---|--------------------------------|-----------------|------|--|--|
| <p>Behavior Management Restraint Orders</p> <p>DATE: _____ TIME: _____</p> <p><i>Restrain the following extremities (<input checked="" type="checkbox"/> all that apply)</i></p> <p>() Left Wrist () Left Ankle () Chest</p> <p>() Right Wrist () Right ankle</p> <p>() Other: _____</p> <p>Type of Restraint</p> <p>() Soft () Belt () Chemical</p> <p>() Hard () Vest Indicate order at right.</p> <p>() Mitten () Mummy</p> <p>() Other: _____</p> <p>Duration (Maximum time limit)</p> <p><i>Restraint order must be renewed at expiration</i></p> <p>() 4 hours: Adult 18 years and older</p> <p>() 2 hours: Pediatrics 9 to 17 years old</p> <p>() 1 hour: Pediatrics less than 9 years old</p> <p>Vital Signs (While on restraints)</p> <p>Every:</p> <p>() 15 minutes</p> <p>() 30 minutes</p> <p>() 1 hour</p> <p>() 2 hours</p> <p>() 4 hours</p> <p>Reason for restraint</p> <p>Potential injury to: () self and/or () others</p> <p>() Other(s): <i>Specify</i> _____</p> <p>_____</p> <p>_____</p> <p>As demonstrated by: _____</p> <p>_____</p> <p>_____</p> <p><u>Continued on next page.</u> >>>>>></p> | IVF and MEDICATION ORDERS ONLY | ALLERGY: | | | |
| | | | | | Enter order for chemical restraint below. Remember to date, time, and sign the order. |
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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 | MS |
| IU | MSO ₄ |
| Q.D. | MgSO ₄ |
| Q.O.D. | Trailing zero |
| Lack of leading zero | |

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| <p>Behavior Management Restraint Orders—Page 2</p> <p><i>Alternative Interventions attempted (☑ all that apply)</i></p> <p>() Establishment of non-threatening communication</p> <p>() Involvement of family members in treatment and monitoring</p> <p>() Decreasing Stimuli</p> <p>() Creation of a safer environment</p> <p>() Establishment of a one-to-one patient sitter</p> <p>() Relocation closer to nursing station</p> <p>() Other(s): _____</p> <p>_____</p> <p><i>Behavior criteria for discontinuation of restraints (☑ all that apply)</i></p> <p>() Patient is cooperative/cohort</p> <p>() Patient is calm</p> <p>() Patient is oriented</p> <p>() Cessation of threats</p> <p>() Other(s): _____</p> <p><i>Initiate Behavioral Restraint Order Flowsheet: Monitor patient's needs every 15 minutes.</i></p> <p><i>Educate patient and family on restraint policy.</i></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 | | | |
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